FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

P94000085684 (6) DOCUMENT #
1. Corporation Name

SHROOMER'S PIZZA, INC.

59-333512.7 Mailing Address

Principal Place of Business



614 E. INTERNATIONAL SPEEWAY BLVD. DAYTONA BEACH FL 32118			614 E. INTERNATIONAL SPEEWAY BLVD. DAYTONA BEACH FL 32118								
						3. Date Incorporated or C 11/21/1994	Qualified	3a. Date of 05		Report 1995	
2. Principal Place	e of Business	2a. Mailing Add	2a. Mailing Address 26			4. FEI Number 59-3202996	593	Applied For Not Applicable			
Suite, Apt. #,	etc.	27				5. Certificate of Status De		\$8.75 Additional Fee Required			
City & State		City & State	City & State			Election Campaign Fin- Trust Fund Contribution	n	S5.00 May Be Added to Fees			
Zip 24	Country 25	Zip 29		Country 30	<i>'</i>	8. This corporation has liability for intangible tax under s 199.032, Florida Statutes					
	9. Name and Address of Curre	nt Registered Agent			1	10. Name and Address	of New Re	gistered Ag	ent		
MANOU	LAIN, DAVID C			81	''		·	.,			
614 E. I	LVD.			82 Street Address (P.O. Box Number is Not Acceptable) 83							
DAYTON	IA BÉACH FL 32118								05.	Zin Codo	
				84	City			FL	85	Zip Code	
or registered	the provisions of Sections 607.050 agent, or both, in the State of Flor and accept the obligations of, Sec	rida. Such change was	s authonzed	the above- by the corp	named corpo poration's bo	oration submits this statement f ard of directors. I hereby accep	or the purp t the appoi	ose of chang intment as re	ging its gistere	registered office ed agent. I am	
SIGNATURE	gnature, lyped or printed name of registraurillagic	ni and tile il applicable	:41 C/N)	Registered Agr	nt signature requ	red when reinstating)		DATE			
12.	OFFICERS AT	ND DIRECTORS		13.		ADDITIONS/CHANGES	S TO OFFIC				
TITLE	D	□ DE	LETE	1.1 TITLE					Change	e 🔲 Addition	
NAME	MANOULIAN, DAVID C		1.2 M								
STREET ADDRESS	614 E. INTERNATIONAL S	Peeway Blvd.	WAY BLVD. 1.35		T ADDRESS						
CITY-ST-ZIP	DAYTONA BEACH FL 321			14 CITY-ST-ZIP							
TITLE		DE	LETE	2 1 TITLE					Change	e 🔲 Addition	
NAME				2.2 NAME						ļ	
STREET ADDRESS			2 3 STREET ADDRESS		1 ADDRESS						
CITY-ST-7IP				2 4 CITY - ST - ZIP							
TITLE	☐ DELETE			3. 1 T11LE				L	Change	e 🔲 Addition	
NAME				3.2 NAME							
STREET ADDRESS				3.3 STRE	ET ADDRESS						
CITY-ST-ZIP				3.4 CrTY -					0	FT ALERO.	
TITLE		DE	LETE	4. 1 TiTLE				L	Chang	e 🔲 Addition	
NAME				4.2 NAME	į.						
STREET ADDRESS				43 STREE	T ADDRESS						
CITY-ST-ZIP				4.4 CITY-					0		
TITLE		□ DE	LETE.	5. 1 TITLE				L	Chang	e 🔲 Addition	
NAME				5.2 NAMÉ							
STREET ADDRESS					T ADDRESS					ļ	
CITY-ST-ZIP				5.4 CITY-					Chac	Addito-	
TITLE		☐ DI	:Lt It	6. 1 TITLE	i			LJ	Chang	e 🔲 Addition	
NAME				6.2 NAME							
STREET ADORESS				63 STREE	ET ADDRESS						
CITY-ST-ZIP				6.4 CHY	ST-ZIP					12.1	
14. I do hereby	certify that the information supplies	d with this filing is volu	ntarily furnish	ied and do	es not qualify	y for the exemption stated in Se	ection 119.0	u7(3)(k), Flori	a Sta	tutes. I further	

certify that the information indicated entries annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed. In on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/96 904-255-8464 Date Dayling Price 1