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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998
DOCUMENT #

SIGNATURE: X

P94000085684 (6)

SHROOMER'S PIZZA, INC.

Principal Place of Business	Mailing Address
614 E. International speeway blvd.	614 E. International speeway blvd
Daytona beach fl 32118	Daytona beach fl 32116

## FILED May 13 1998 8:00am Secretary of State



1-28-98

DO NOT WRITE IN THIS SPACE Date Incorporated or Qualified 11/21/1994 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For 59-3335127 21 Not Applicable 28 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees Zip Country 2<sub>10</sub> Country 8. This corporation owes or has paid the current year Intangible 24 30 Yes 25 29 Personal Property Tax due June 30. g, Name and Address of Current Registered Agent Name and Address of New Registered Agent MANOULAIN, DAVID C 614 E. INTERNATIONAL SPEEWAY BLVD. 82 Street Address (P.O. Box Number is Not Acceptable) **DAYTONA BEACH FL 32118** R City Zip Code 11. Pursuant to the provisions of Sections 607 0502 and 607 1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or ponted hame of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 13. DELETE TITLE 1.1 TITLE MANOULIAN, DAVID C NAME 1.2 NAME 614 E. INTERNATIONAL SPEEWAY BLVD. STREET ADDRESS 1.3 STREET ADDRESS DAYTONA BEACH FL 32118 CITY - ST - ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP DELETE Change Addition 4.1 TITLE 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME NAME STREET ADDRESS **5.3 STREET ADDRESS** CITY-\$T-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE 62 NAMI NAME STREET ADDRESS 6.3 STREET ADDRESS 64 CITY-ST-ZIP CITY-ST-ZIP 14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental ahrural 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, or on an attachment with an address.