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PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000006965 (4)

1. Corporation Name
LUIGI PIZZA CORP.



Principal Place of Business

820 12TH AVENUE
SOUTH NAPLES FL 33940

Mailing Address

820 12TH AVENUE
SOUTH NAPLES FL 33940

3. Date Incorporated or Qualified
01/26/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MIDSTATE LEGAL SUPPLY CORP.
4435 OLD WINTER GARDEN ROAD
ORLANDO FL 32811

81 Name

ANTONIO LONGO

82 Street Address (P.O. Box Number is Not Acceptable)

6729 HARWICH CT

83

84 City

NAPLES

FL

85 Zip Code

33942

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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 printed name of registered agent and title, if applicable

Signature, typed or printed name of registered agent and title, if applicable

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
D LONGO, ANTONIO
6729 HARWICH COURT
NAPLES FL 33942

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-STATE-ZIP
Change Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
DELETE

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-STATE-ZIP
Change Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
DELETE

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-STATE-ZIP
Change Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
DELETE

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-STATE-ZIP
Change Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
DELETE

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-STATE-ZIP
Change Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
DELETE

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-STATE-ZIP
Change Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

I do not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this 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, or on an attachment with an address.

SIGNATURE: ANTONIO M. LONGO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SG 3-4-96 1/24/96 941-648-7337

Date

Daytime Phone #

CR2E034 (12/95)