

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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Mar 05 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000013527 (3)

1. Corporation Name
R & M PIZZA, INC.



Principal Place of Business 5802 NORTH ARMENIA AVE. BUILDING 6 TAMPA FL 33603	Mailing Address 5802 NORTH ARMENIA AVE. BUILDING 6 TAMPA FL 33603-1000
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3. Date Incorporated or Qualified 02/16/1995	3a. Date of Last Report 03/06/1996
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2. Principal Place of Business 21 5740 N Orange Blossom Trail Suite, Apt. #, etc.	2a. Mailing Address 26 5740 N Orange Blossom Trail Suite, Apt. #, etc.	4. FEI Number 59-3296249	Applied For Not Applicable
22 City & State Orlando, FL	27 City & State Orlando, FL	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 Zip 32810-1023	28 Country Orange	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24 32810-1023	25 Orange	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**SHEAR, ROBERT L
2800 MCCORMICK DRIVE
SUITE 230
CLEARWATER FL 34619**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL
85 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DP	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LONG, MARK		1.2 NAME	
STREET ADDRESS 5802 N. ARMENIA AVE., BLDG. 6		1.3 STREET ADDRESS	
CITY-ST-ZIP TAMPA FL 33603		1.4 CITY-ST-ZIP	
TITLE DVST	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CRAMER, RAY		2.2 NAME Raymond N. Kramer	
STREET ADDRESS 5802 N. ARMENIA AVE., BLDG. 6		2.3 STREET ADDRESS	
CITY-ST-ZIP TAMPA FL 33603		2.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME COLEPITTS, ROBERT		3.2 NAME Robert M. Colpitts	
STREET ADDRESS 5802 N. ARMENIA AVE., BLDG. 6		3.3 STREET ADDRESS	
CITY-ST-ZIP TAMPA FL 33603		3.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HAYDEN, DERRYK		4.2 NAME	
STREET ADDRESS 5802 N. ARMENIA AVE., BLDG. 6		4.3 STREET ADDRESS	
CITY-ST-ZIP TAMPA FL 33603		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby 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 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:  **Ray Kramer** Date: **01/13/1997** Daytime Phone #: **407-299-7188**

CR2E034 (9/96)