Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90039 043 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000017771

1. Corporation Name

PIZZA DEPOT, INC.

Principal Place	e of Business	Mailing Address		I INNEINEN HEN HERT MEHT ABERT ABERT ABERT ABERT	1811 (1811 (1811 1886) 1191 JOHN
2650 S. MILITARY TRAIL		2650 S. MILITARY TRAIL			
17		17.			
WEST PALM BEACH FL 33415		WEST PALM BEACH FL 33415		DO NOT WRITE IN THIS	SPACE
US		US		3. Date Incorporated or Qualifed 02/24/1995	
2. Principal Pl	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0564003	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State	é	- City & State	. · · ·	6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country .	Zip	Country	8. This corporation owes the current year Inter-	
24	25	29 30	ol	Personal Property Tax.	☐ Yes ☐ No
	9. Name and Address of Curren	nt Registered Agent		10. Name and Address of New Registered	Agent
14/43/	ALC DADNEY		81 Name		
WAYNE BARNEY		82 Street A	Address (P.O. Box Number is Not Acceptable)		
2650 S. MILITARY TRAIL, #17 WEST PALM BEACH FL 33415					
WES	HALM DEACH PL 33413		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 607.0596, Florida Statutes.					
_	Illowno Para	DOLL- PROD	COUNT	1/21	/99
SIGNATURE	Signature, typed or printed name of registered age	nt and yee if applicable. (NOTE: Re	egistered Agent signature re	equired when reinstating) DATE	
12.	OFFICERS AN	ID PRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AN	
TITLE	DP	☐ DELETE	1.1 TITLE	•	Change
NAME	BARNEY, WAYNE		1.2 NAME		
STREET ADDRESS	4884 CONCORDIA LANE		1,3 STREET ADDRESS	6526 COZUMBIA AUE	•
CITY-ST-ZIP	BOYNTON BEACH FL		1,4 CITY-ST-ZIP	6526 COZUMBIA AUE LAKE WORTH, FL 33467	
TITLE	DVP	☐ DELETE	2.1 TITLE	, .	☐ Change ☐ Addition
NAME	BARNEY, JEFF		2.2 NAME		,
STREET ADDRESS	9 SOUTH RIPLEY WAY		2.3 STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BEACH FL		2, 4 CITY-ST-ZIP		
πιε .		□ DELETE	3.1 TITLE	يوسه والمها والمهاد	☐ Change ☐ Addition
NAME		*-	3.2 NAME	*	- 1
STREET ADDRESS	·		3.3 STREET ADDRESS	,	
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS	•		4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE					
NAME		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
		DELETE	5.1 TITLE 5.2 NAME		☐ Change ☐ Addition
STREET ADORESS	:	☐ DELETE			.∐ Change
STREET ADORESS	·	☐ DELETE	5.2 NAME		Change L Addition
STREET ADORESS		☐ DELETE	5.2 NAME 5.3 STREET ADDRESS		Change Addition

14. I 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, of on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP