CORPOR ANNUAL F 199	REPORT	Sandra Socret	ARTMENT OF STATE a B. Mortham tary of State = CORPORATIONS				
OCUMEN Corporation Name TWIN PIZZA		021961 (4	•)				
cipal Place of Bus	siness	Mailing Address	<u>, ,</u>				
HTE 1214 - MIAMI BEACH PL	L 33160	N-MIAMI BEACH FL-0	82160	3. Date incorporated or Qualified 03/17/1995	3a. Date of L	ast Repo	ort
Principal Place of Business		2a. Mailing Address 26		4. FEI Number         Applied For           65-0562N37         Not Applicable			
uite, Apt. #, etc.	S. OCEAN DR	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$	8.75 A	
itv & State	WOOD, FL	City & State		6. Election Campaign Financing Trust Fund Contribution	<u>гл</u> <b>\$</b>	\$5.00 M Added to	May Be
3301	9 25 BOWARD	Zip 29	Country 30		No No		9.032,
9.	Name and Address of Current F	Registered Agent	81 Name	10. Name and Address of New F	legistered Ager		
AZARPAD, AN	MIR		82 Street Add	iress (P.C. Box Number is Not Acceptat	e)		
	<b></b>						
17980 NE 31	CT		83				
17980 NE 31 SUITE 1214			83 84 City		8	5 Zip C	Xode
17980 NE 31 SUITE 1214 N MIAMI BEA	ACH FL 33160	nd 607.1508, Florida Statut Such change was authoria	84 City	pration submits this statement for the pu	FL 8 rpose of changin ointment as regis	no its real	stered office
17980 NE 31 SUITE 1214 N MIAMI BEA Pursuant to the p or registered age familiar with, and NATURE	ACH FL 33160 provisions of Sections 607.0502 ar ent, or both, in the State of Florida. d accept the obligations of, Section re, typed or printed name of registered agent are	Such change was authorit 607.0505, Florida Statutes ditile if applicable (N	84 City tes, the above-named corpo zed by the corporation's boa	and of directors. I hereby accept the app	PL   rpose of changin ointment as regis	ng its regi istered ag	istered office gent. I am
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