

FILE NOW: FILING FEE AFTER MAY 1 IS \$5500

FILED  
May 09 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Morton</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000026706 (8)**

1. Corporation Name  
**SCOTTY D'S PIZZA INC.**



Principal Place of Business <b>603-C DEL PRADO BLVD. CAPE CORAL FL 33990</b>	Mailing Address <b>603-C DEL PRADO BLVD. CAPE CORAL FL 33990-2637</b>
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>03/31/1995</b>	3a. Date of Last Report <b>04/02/1996</b>
21		26		4. FEI Number <b>65-0585182</b>	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
22 City & State		27 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
23		28		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
24	Zip	25	Country	29	30

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<b>DENNIS, F. SCOTT 603-C DEL PRADO BLVD. CAPE CORAL FL 33990</b>		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	
		<b>FL</b> 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		DATE	
Signature, typed or printed name of registered agent and title, if applicable		(NOTE: Registered agent signature required when reinstating)	
12. OFFICERS AND DIRECTORS			
TITLE	NAME	<input type="checkbox"/> DELETE	
NAME	STREET ADDRESS		
CITY-ST-ZIP	CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> DELETE	
NAME	STREET ADDRESS		
CITY-ST-ZIP	CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> DELETE	
NAME	STREET ADDRESS		
CITY-ST-ZIP	CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> DELETE	
NAME	STREET ADDRESS		
CITY-ST-ZIP	CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> DELETE	
NAME	STREET ADDRESS		
CITY-ST-ZIP	CITY-ST-ZIP		
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
1.2 NAME	STREET ADDRESS		
1.3 CITY-ST-ZIP	CITY-ST-ZIP		
2.1 TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
2.2 NAME	STREET ADDRESS		
2.3 CITY-ST-ZIP	CITY-ST-ZIP		
3.1 TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
3.2 NAME	STREET ADDRESS		
3.3 CITY-ST-ZIP	CITY-ST-ZIP		
4.1 TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
4.2 NAME	STREET ADDRESS		
4.3 CITY-ST-ZIP	CITY-ST-ZIP		
5.1 TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
5.2 NAME	STREET ADDRESS		
5.3 CITY-ST-ZIP	CITY-ST-ZIP		
6.1 TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
6.2 NAME	STREET ADDRESS		
6.3 CITY-ST-ZIP	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: *[Signature]* **3-25-97 941-772-8586**

CR2E034 (9/96)