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May 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

DOCUMENT # P95000029732 (1)

1. Corporation Name
PIAZZA, INC.

Principal Place of Business
890 FOUR-WHEEL LANE
GENEVA FL 32732

Mailing Address
890 FOUR-WHEEL LANE
GENEVA FL 32732



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		26		04/10/1995		09/04/1996	
22		27		4. FEI Number		Applied For	
Suite, Apt. #, etc.		PIAZZA INC		59-3097655		Not Applicable	
23		28		5. Certificate of Status Desired		8.75 Additional Fee Required	
City & State		BOX 1217		<input type="checkbox"/>		Election Campaign Financing	
24		29		Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		32732		6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Country		USA					

9. Name and Address of Current Registered Agent

PIAZZA, M. MARY
890 FOUR-WHEEL LANE
GENEVA FL 32732

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	
NAME	PIAZZA, M. MARY	1.2 NAME	
STREET ADDRESS	890 FOUR-WHEEL LANE	1.3 STREET ADDRESS	
CITY - ST - ZIP	GENEVA FL 32732	1.4 CITY - ST - ZIP	
TITLE	D	2.1 TITLE	
NAME	PIAZZA, JOHN-ANTHONY E	2.2 NAME	
STREET ADDRESS	890 FOUR-WHEEL LANE	2.3 STREET ADDRESS	
CITY - ST - ZIP	GENEVA FL 32732	2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
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, changed, or in an attachment with an address.

SIGNATURE:

M. Mary Piazza
M. MARY PIAZZA

Date

Daytime Phone #

0515348

CR2E034 (9/96)