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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000032084 (2)

PITA SERVICES CORPORATION

FILED Apr 28 1998 8:00am Secretary of State

Principal Place	e of Business	Mailing Address		- I IRBONDOS CENTROSON DESIN MONTH DURIN DANNA C	FRIEG ITATA EIRTT BRIDT FAIRT DIĞI TABI
1480 SEAGUL	L DA	174 107TH AVE. #109			
PALM HARBOR FL 34685		TREASURE ISLAND FL 33706		DO NOT WRITE IN THIS SPACE	
US				3. Date Incorporated or Qualified	
				04/25/1995	
	lace of Business	2a. Mailing Address	N. H. J	4, FEI Number	Applied For
21 376	Douglas Rd.E.	26 13949 W.	Hillsborough Av	e 59-3308254	Not Applicable
Suite, Apt.	#, etc. 5 - &_ D	Suite, Apt. #, etc. 27 Suite 110	J	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	9	City & State		6. Election Campaign Financing	\$5.00 May Be
23 DIAS 1	mar FL	28 Tampa	FL	Trust Fund Contribution	Added to Fees
Zip 24 3467	Country 25 (1.SA	29 33635 3	Country OUSA	This corporation owes or has paid Personal Property Tax due June 30	
Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent					stered Agent
\$E	ALS N' SIGNATURES INC.		81 Name		
AAAA AAND AME AM CAMITE OZZ				dress (P.O. Box Number is Not Acceptable)	
ST. PETERSBURG FL 33710					
			83		
			84 City		85 Zip Code
					<u>FL </u>
11, Pursuant to office or reacent. La	to the provisions of Sections 607.0502 egistered agent, or both, in the State o m familiar with, and accept the obligati	and 607.1508, Florida Statutes f Florida. Such change was aut ions of Section 607.0505. Flori	, the above-named corp thorized by the corporati da Statutes	oration submits this statement for the purp ion's board of directors. I hereby accept t	pose of changing its registered he appointment as registered
SIGNATURE		,			
Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required					DATE
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICER	
TITLE	PVS	☐ DELETE	1.1 TITLE		Change Addition
NAME	KITSELL, CONNIE		1.2 NAME		
STREET ADDRESS	12225 3RD ST. EAST		1.3 STREET ADDRESS		
CITY-ST-ZIP	TREASURE ISLAND FL 33706	DELETE	1.4 CITY-ST-ZIP		Change Addition
TITLE			2.1 TITLE		Change C Applica
NAME			2.2 NAME		
STREET ADORESS			2.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	2. 4 CITY - ST - ZIP 3.1 TITLE		Change Addition
NAME			3.2 NAME		T outside T vegition
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 CHTY-ST-ZIP		
TITLE		DELETE	5.1 TITLE	***************************************	☐ Change ☐ Addition
NAME		_	5.2 NAME		

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 suppliemental 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.

53 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CHTY - ST - ZIP

6.1 TITLE

62 NAME

DELETE

SIGNATURE

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

Posses Kitsoll

4-19-98

812-891-9504