

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

0467930

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Apr 26, 1999 8:00 am**  
**Secretary of State**

04-26-1999 90295 047 \*\*\*150.00

DOCUMENT # **P95000044806**

1. Corporation Name  
**PREGO PIZZA PASTA, INC.**



Principal Place of Business  
7467 MANATEE AVENUE WEST  
BRADENTON FL 34209  
US

Mailing Address  
7467 MANATEE AVENUE WEST  
BRADENTON FL 34209  
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>06/02/1995</b>	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>65-0589021</b>	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24	Country	29	Country	8. This corporation owes the current year intangible Personal Property Tax.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent																			
GOETHE, JEFFREY S 406 13TH STREET WEST BRADENTON FL 34205		<table border="1"> <tr> <td>81</td> <td>Name</td> <td><b>PETER BOBREK</b></td> </tr> <tr> <td>82</td> <td>Street Address (P.O. Box Number is Not Acceptable)</td> <td><b>4014 79th St West</b></td> </tr> <tr> <td>83</td> <td></td> <td></td> </tr> <tr> <td>84</td> <td>City</td> <td><b>BRADENTON</b></td> </tr> <tr> <td>85</td> <td>State</td> <td><b>FL</b></td> </tr> <tr> <td>86</td> <td>Zip Code</td> <td><b>34209</b></td> </tr> </table>		81	Name	<b>PETER BOBREK</b>	82	Street Address (P.O. Box Number is Not Acceptable)	<b>4014 79th St West</b>	83			84	City	<b>BRADENTON</b>	85	State	<b>FL</b>	86	Zip Code	<b>34209</b>
81	Name	<b>PETER BOBREK</b>																			
82	Street Address (P.O. Box Number is Not Acceptable)	<b>4014 79th St West</b>																			
83																					
84	City	<b>BRADENTON</b>																			
85	State	<b>FL</b>																			
86	Zip Code	<b>34209</b>																			

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]* DATE: **4-23-99**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CANYA, GEORGE	1.2 NAME	
STREET ADDRESS	2024 ALMEDA AVE	1.3 STREET ADDRESS	
CITY-STATE-ZIP	SARASOTA FL	1.4 CITY-STATE-ZIP	
TITLE	TD	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOBREK, PETER	2.2 NAME	
STREET ADDRESS	4014 79TH ST W	2.3 STREET ADDRESS	
CITY-STATE-ZIP	BRADENTON FL	2.4 CITY-STATE-ZIP	<b>34209</b>
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-STATE-ZIP		3.4 CITY-STATE-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-STATE-ZIP		4.4 CITY-STATE-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-ZIP	

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, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* DATE: **4-23-99** JAYTIME PHONE #: **941-724-0628**

CR2E034 (11/98)