FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000046030 (9)**

1. Corporation Name
COLLEGE PIZZA ASSOCIATES, INC.

Principal Place of Business	Mailing Address
5000 NORTH OCEAN BLVD. #1710 FT. LAUDERDALE FL 33308	5000 NORTH OCEAN BLVD. #1710 FT. LAUDERDALE FL 33308

3. Date Incorporated or Qualified: 06/14/1995
3a. Date of Last Report: 1st report

2. Principal Place of Business
21 2532 University Dr.
22 Street, Apt. #, etc.
23 City & State: Coral Springs
24 Zip: 33065
25 Country: USA

2a. Mailing Address
26 2532 University Dr.
27 Suite, Apt. #, etc.
28 City & State: Coral Springs
29 Zip: 33065
30 Country: USA

4. FEI Number: 65-0589026 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

INGLIS, RICHARD K ESQ
SUITE 320 INTERNATIONAL BLDG.
2455 E. SUNRISE BLVD.
FT. LAUDERDALE FL 33304

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 Section 607.0505 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 _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	1 TITLE ☒ Change ☐ Addition
NAME	STELLA, HENRY T		2 NAME
STREET ADDRESS	5000 N. OCEAN BLVD. #1710		3 STREET ADDRESS 15 CAYUGA RD
CITY-ST-ZIP	FT. LAUDERDALE FL 33308		4 CITY-ST-ZIP Ft. LAUD. FL. 33308
TITLE	D	☐ DELETE	2 TITLE ☐ Change ☐ Addition
NAME	PEREZ, ELESIO		2 NAME
STREET ADDRESS	1908 INTRACOASTAL DRIVE		3 STREET ADDRESS
CITY-ST-ZIP	FT. LAUDERDALE FL 33305		4 CITY-ST-ZIP
TITLE		☐ DELETE	3 TITLE ☐ Change ☐ Addition
NAME			3 NAME
STREET ADDRESS			3 STREET ADDRESS
CITY-ST-ZIP			4 CITY-ST-ZIP
TITLE		☐ DELETE	4 TITLE ☐ Change ☐ Addition
NAME			4 NAME
STREET ADDRESS			4 STREET ADDRESS
CITY-ST-ZIP			4 CITY-ST-ZIP
TITLE		☐ DELETE	5 TITLE ☐ Change ☐ Addition
NAME			5 NAME
STREET ADDRESS			5 STREET ADDRESS
CITY-ST-ZIP			6 CITY-ST-ZIP
TITLE		☐ DELETE	6 TITLE ☐ Change ☐ Addition
NAME			6 NAME
STREET ADDRESS			6 STREET ADDRESS
CITY-ST-ZIP			6 CITY-ST-ZIP

CR2E034 (12/95)

14. I further certify that the information supplied with this filing is voluntarily furnished and 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 with an arrow or on an attachment with an arrow.

SIGNATURE: H Stella Todd Stella 1-29-96 954-344-1233
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #