

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Aug 25, 1999 8:00 am
Secretary of State

08-25-1999 90006 011 ***150.00

DOCUMENT # P95000049890(3)

1. Corporation Name
Westgate Pizza, Inc.



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
1943 E. Irlo Bronson Hwy c/o Accounting Advantage
Kissimmee, FL 34744 Associates
210 E. Monument Ave.
Kissimmee, FL 34741

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 1943 E. Irlo Bronson Hwy	210 E. Monument Ave	59-3329583	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
22	27	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23 Kissimmee, FL 34744	28 Kissimmee FL 34741		
Zip Country	Zip Country	8. This corporation owes the current year Intangible Personal Property Tax.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
24 34744 25 Osceola	29 34741 30 Osceola		

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
Usher L. Brown	81 Name
	82 Street Address (P.O. Box Number is Not Acceptable)
	Accounting Advantage Assoc., P.A.
	83 210 East Monument Ave.
	Kissimmee, FL 34741
	84 City 85 Zip Code
	407-846-4008 FL

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	Pres/Treas/Dir <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Roy Cole	1.2 NAME	
STREET ADDRESS	1943 E Irlo Bronson Hwy.	1.3 STREET ADDRESS	
CITY-ST-ZIP	Kissimmee, FL 34744	1.4 CITY-ST-ZIP	
TITLE	VP/Sec/Dir <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rosanne Cole	2.2 NAME	
STREET ADDRESS	1943 E. Irlo Bronson Hwy.	2.3 STREET ADDRESS	
CITY-ST-ZIP	Kissimmee, FL 34744	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-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 by 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 the Block 12 or Block 13 if changed or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

FILE

NO

**ACCOUNTING
ADVANTAGE
ASSOCIATES, P.A.**

Theresa Drawdy, BSBA
President/Accountant
210 East Monument Avenue
Kissimmee, Florida 34741
Waterfront Square
(407) 846-4008 Office
(407) 870-5510 Fax

August 18, 1999

VIA U.S. MAIL

Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

To Whom It May Concern:

On behalf of our client Westgate Pizza, Inc., we are responding to a second notice for the Corporate Annual Report. Westgate Pizza, Inc. has recently closed the bank account from which previous payment was made and re-issued a check to replace the check that was apparently lost. Additionally, a copy of the originally mailed report has been included.

Should you have any questions please do not hesitate to contact this office.

Sincerely



Becky Minervino
Office Manager

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609417-90020-11