

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 # **P95000060537 (4)**

1. Corporation Name

PIZZA U.S.A. OF OLATHE, INC.



Principal Place of Business

Mailing Address

**2201 W. SAMPLE ROAD
BLDG. 9
POMPANO BEACH FL 33073**

**2201 W. SAMPLE ROAD
BLDG. 9
POMPANO BEACH FL 33073**

3. Date Incorporated or Qualified

08/07/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 **1761 W. Hillsboro Blvd**

26 **1761 W. Hillsboro Blvd**

4. FEI Number

65-0603254

Applied For

Not Applicable

22 Suite, Apt. #, etc.

#401

27 Suite, Apt. #, etc.

#401

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

23 City & State

Deerfield Beach, FL

28 City & State

Deerfield Beach, FL

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

24 Zip

33442

Country

29 Zip

33442

Country

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

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
NAME
D
NEVIN, RAYMOND W
STREET ADDRESS
2201 W. SAMPLE ROAD, BLDG. 9
CITY-ST-ZIP
POMPANO BEACH FL 33073

☐ DELETE

TITLE
NAME
D
WHALEN, NANCY L
STREET ADDRESS
2201 W. SAMPLE ROAD, BLDG. 9
CITY-ST-ZIP
POMPANO BEACH FL 33073

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

1.1 TITLE

President

☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1761 W. Hillsboro Blvd #401

1.4 CITY-ST-ZIP

Deerfield Bch, FL 33442

2.1 TITLE

Secretary

☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

1761 W. Hillsboro Blvd #401

2.4 CITY-ST-ZIP

Deerfield Beach, FL 33442

3.1 TITLE

Director

☐ Change ☒ Addition

3.2 NAME

M. MARK Castellano II

3.3 STREET ADDRESS

1761 W. Hillsboro Blvd #401

3.4 CITY-ST-ZIP

Deerfield Bch, FL 33442

4.1 TITLE

Director

☐ Change ☒ Addition

4.2 NAME

John W. Castellano

4.3 STREET ADDRESS

1761 W. Hillsboro Blvd #401

4.4 CITY-ST-ZIP

Deerfield Bch, FL 33442

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: **Nancy L. Whalen**
SIGNATURE TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/96

954-428-5660

Date

Daytime Phone #

CR2E034 (12/95)