

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000068673 (9)

1. Corporation Name

JONI PIZZA, INC.

Principal Place of Business

C/O HOLLAND AND KNIGHT
315 S. CALHOUN ST., SUITE 600
TALLAHASSEE FL 32301

Mailing Address

C/O HOLLAND AND KNIGHT
315 S. CALHOUN ST., SUITE 600
TALLAHASSEE FL 32301



2. Principal Place of Business	2a. Mailing Address
21 410 Blanding	26 P.O. Box 7022
22 Suite, Apt. #, etc. Suite 5	27 Suite, Apt. #, etc.
23 City & State Orange Park FL	28 City & State Orange Park FL
24 Zip 32073 Country Clay	29 Zip 32073 Country Clay

3. Date Incorporated or Qualified 09/06/1995	3a. Date of Last Report
4. FEI Number 59-3345275	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

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 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	D SPATES, JOSEPH <input type="checkbox"/> DELETE	1.1 TITLE	P Spates, Joseph <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2910 JACARANDA DRIVE	1.2 NAME	N/A
STREET ADDRESS	HARLINGEN TX 78550	1.3 STREET ADDRESS	N/A
CITY - ST - ZIP		1.4 CITY - ST - ZIP	
TITLE	D SPATES, ELIZABETH K <input type="checkbox"/> DELETE	2.1 TITLE	S Spates, Elizabeth K <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2910 JACARANDA DRIVE	2.2 NAME	N/A
STREET ADDRESS	HARLINGEN TX 78550	2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE	D KARABIC, BERTHA <input type="checkbox"/> DELETE	3.1 TITLE	D Karabaic, Bertha <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2910 JACARANDA DRIVE	3.2 NAME	N/A
STREET ADDRESS	HARLINGEN TX 78550	3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	D KARABIC, NICHOLAS <input type="checkbox"/> DELETE	4.1 TITLE	D Karabaic, Nicholas <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2910 JACARANDA DRIVE	4.2 NAME	N/A
STREET ADDRESS	HARLINGEN TX 78550	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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/6/96

Date

904-278-4208

Daytime Phone #

CR2E034 (12/95)