


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

FILED

Jan 29 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000068673 (9)

1. Corporation Name  
JONI PIZZA, INC.

Principal Place of Business  
410 BLANDING  
SUITE 5  
ORANGE PARK FL 32073  
US

Mailing Address  
P.O. BOX 7022  
216 S. CALHOUN ST., SUITE 600  
ORANGE PARK FL 32073  
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26 P.O. Box 7022		09/06/1995	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-3345275	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28 Orange Park, FL		6. Election Campaign Financing	
Zip		Zip		Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24		29 32073		30 US	
Country		Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
25		30			

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				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				85 Zip Code			
				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	P <input type="checkbox"/> DELETE	1.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPATES, JOSEPH	1.2 NAME	SPATES, JOSEPH
STREET ADDRESS	1468 WATER PIPIT LANE	1.3 STREET ADDRESS	1672 TRAFALGAR CT.
CITY-ST-ZIP	ORANGE PARK FL	1.4 CITY-ST-ZIP	Orange Park, FL 32073
TITLE	S <input type="checkbox"/> DELETE	2.1 TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPATE, ELIZABETH K.	2.2 NAME	SPATES, ELIZABETH
STREET ADDRESS	1468 WATER PIPIT LANE	2.3 STREET ADDRESS	1672 TRAFALGAR CT.
CITY-ST-ZIP	ORANGE PARK FL	2.4 CITY-ST-ZIP	ORANGE PARK, FL 32073
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KARABIC, BERTHA	3.2 NAME	KARABAIC, BERTHA
STREET ADDRESS	1707 SYRACUSE DR.	3.3 STREET ADDRESS	1707 Syracuse Dr.
CITY-ST-ZIP	RICHARDSON TX	3.4 CITY-ST-ZIP	Richardson TX 75081
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KARABAIC, NICHOLAS	4.2 NAME	
STREET ADDRESS	1707 SYRACUSE DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	RICHARDSON TX	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; 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, for on an attachment with an address.

SIGNATURE: [Signature] REQUIRED

1-15-98 904-278-4208

CR2E034 (10/97)