

~~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

**AMENDED \$61.25**

AMENDED AS OF 6/1/96

DOCUMENT #

1. Corporation Name

PAPRIKA'S, INC.

Principal Place of Business

Mailing Address

ONE INDEPENDENT DRIVE  
SUITE 3000  
JACKSONVILLE FL 32202

P. O. BOX 59  
JACKSONVILLE, FL 32201

3. Date Incorporated or Qualified

09/08/1995

3a. Date of Last Report

59-3336662

4. FEI Number

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MCCORMICK, NORMA W  
ONE INDEPENDENT DRIVE, SUITE 3000  
JACKSONVILLE FL 32202

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 of Registered Agent

Signature of Registered Agent

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME PD NAGY, FERENC

STREET ADDRESS P. O. BOX 1821

CITY-ST-ZIP MELBOURNE FL 32902

TITLE ☐ DELETE

NAME STD FUSILLO, PAUL F., SR.

STREET ADDRESS P. O. BOX 1180

CITY-ST-ZIP MELBOURNE FL 32902

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1. TITLE

12. NAME

13. STREET ADDRESS

14. CITY-ST-ZIP

2. TITLE

22. NAME

23. STREET ADDRESS

24. CITY-ST-ZIP

3. TITLE

32. NAME

33. STREET ADDRESS

34. CITY-ST-ZIP

4. TITLE

42. NAME

43. STREET ADDRESS

44. CITY-ST-ZIP

5. TITLE

52. NAME

53. STREET ADDRESS

54. CITY-ST-ZIP

6. TITLE

62. NAME

63. STREET ADDRESS

64. CITY-ST-ZIP

308 S. Harbor City Blvd.  
Melbourne FL 32901

1416 S. Harbor City Blvd.  
Melbourne, FL 32901

000001886190  
-07/08/96--01045--019  
\*\*\*61.25

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Paul Fusillo Sr 6-11-95 723-2941

CR2E034 (12/95)