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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P95000080028 (0)

PIZZA WORLD, INC.

Principal Place of Business Mailing Address							limat init santi
3005 Duff RD Lakeland fl 633 US	009	3702 HILEMAN DR. LAKELAND FL 33810					
					3. Date Incorporated or Qualified		
2. Principal Plac	e of Business	2a. Mailing Address			4. FEI Number	<u> </u>	Applied For
Suite, Apt. #, i	oto	Suite, Apt. #, etc.			59-3338930	607	Not Applicable  5 Additional
2	oic	27			5. Certificate of Status Desired	Fe	e Required
City & State		City & State			Election Campaign Financing     Trust Fund Contribution		00 May Be ded to Fees
Zip	Country	Zip	Country		8. This corporation has liability for i	ntangible tax und	ers 199.032
4	25	29	30			Yes No	
	9. Name and Address of Cu	rrent Registered Agent	81	Name	10. Name and Address of New Re-	gistered Agent	
	I, AMANDA		[01				
	iileman dr. And Fl 33809		82	Street Add	iress (P.O. Box Number is Not Acceptab	le)	
DAVED	ANU PL 33009		83				
			84	City		FL   T	Zip Code
11. Pursuant to t	the provisions of Sections 607, is the S	0502 and 607.1508, Florida Stat	utes, the above	e-named cor	poration submits this statement for the p tition's board of directors. I hereby accep	urpose of changing	ng its registered
agent Lam f	familiar with, and accept the of	bligations of, Section 607.0505,	Florida Statutes	2		t the appearance	
		=		<b>,</b>			
SIGNATURE							
SIGNATURE Sq	µ r° re. I∰≠d or printed name of regishne	d agent and title if applicable. (N	OTE: Flegistered Age		ilred when reinslating)	DATE	
SIGNATURE Sq.	profuse, Gred or printed name of registere OFFICERS	d agent and title if applicable. (N	OTE: Flegislered Age			DATE ERS AND DIREC	TORS IN 12
SIGNATURE Signature Turner Tur	OFFICERS	d agent and title if applicable. (N	OTE: Registered Age 13. 1.1 TrillE		ilred when reinslating)	DATE	TORS IN 12
SIGNATURE SQ 12. THE C	OFFICERS  OFFICERS  SIMON, AMANDA	d agent and title if applicable. (N	OTE: Flegislered Age 13. 1.1 TITLE 1.2 NAME	nt signature requ	ilred when reinslating)	DATE ERS AND DIREC	TORS IN 12
SIGNATURE  12.  THE CONTROL STREET ADDRESS 3	OFFICERS  OFFICERS  DPVS  SIMON, AMANDA  3702 HILEMAN DR.	d agent and title if applicable. (N	13. 1.1 TITLE 1.2 NAME 1.3 STREET	ant signature requi	ilred when reinslating)	DATE ERS AND DIREC	TORS IN 12
SIGNATURE  2.  THE LANGE STREET ADDRESS 3 STY-ST-20: L	OFFICERS  OFFICERS  SIMON, AMANDA	d agent and title if applicable. (N	OTE: Flegislered Age 13. 1.1 TITLE 1.2 NAME	ant signature requi	ilred when reinslating)	DATE ERS AND DIREC	TORS IN 12 nge Additio
SIGNATURE  12.  ITTLE  NAME  STREET ADDRESS  CHY-ST-ZU:  LTTLE	OFFICERS OFFICERS OFFICERS SIMON, AMANDA B702 HILEMAN DR. AKELAND FL 33809	d agent and title II applicable. (N AND DIRECTORS  DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S	ant signature requi	ilred when reinslating)	DATE ERS AND DIREC Char	TORS IN 12 nge Additio
SIGNATURE  12.  HILE  NAME  STREEL ADDRESS  33  SHY-ST-ZII'  LITEE  NAME  SAME	OFFICERS  OFFICERS  DPVS  SIMON, AMANDA  3702 HILEMAN DR.	d agent and title II applicable. (N AND DIRECTORS  DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE	ADDRESS	ilred when reinslating)	DATE ERS AND DIREC Char	TORS IN 12 nge Additio
SIGNATURE  2.  THE  STREET ADDRESS  SHY-ST-20:  THE  STREET ADDRESS  3.	OFFICERS OFFICERS OFFICERS SIMON, AMANDA 3702 HILEMAN DR. AKELAND FL 33809 I SIMON, AMANDA	d agent and title II applicable. (N AND DIRECTORS  DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME	ADDRESS T-ZIP ADDRESS	ilred when reinslating)	DATE ERS AND DIREC	TORS IN 12 nge Additio
SIGNATURE  12.  HILE  STREET ADDRESS  SHY-ST-ZH:  HILE  SIMME  SI	DEFICERS  OFFICERS  DEVS  SIMON, AMANDA  3702 HILEMAN DR.  AKELAND FL 33809  SIMON, AMANDA  AKELAND FL 3702  SIMON, AMANDA  TO THE TENTRE OF T	d agent and title II applicable. (N AND DIRECTORS  DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET	ADDRESS T-ZIP ADDRESS	ilred when reinslating)	DATE ERS AND DIREC	TORS IN 12 nge Addition
SIGNATURE  12.  ITHE  NAME  STREET ADDRESS  SITY-ST-ZIP  L  THE  NAME  STREET ADDRESS  CITY-ST-ZIP  L  L  L  L  L  L  L  L  L  L  L  L  L	DEFICERS  OFFICERS  DEVS  SIMON, AMANDA  3702 HILEMAN DR.  AKELAND FL 33809  SIMON, AMANDA  AKELAND FL 3702  SIMON, AMANDA  TO THE TENTRE OF T	d agent and title if applicable. (N AND DIRECTORS  DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-1	ADDRESS T-ZIP ADDRESS	ilred when reinslating)	DATE  ERS AND DIREC  Char	TORS IN 12 nge Additio
SIGNATURE  12.  THE STREET ADDRESS  CHY-ST-ZIP  L  THE STREET ADDRESS  CHY-ST-ZIP  L  L  L  L  L  L  L  L  L  L  L  L  L	DEFICERS  OFFICERS  DEVS  SIMON, AMANDA  3702 HILEMAN DR.  AKELAND FL 33809  SIMON, AMANDA  AKELAND FL 3702  SIMON, AMANDA  TO THE TENTRE OF T	d agent and title if applicable. (N AND DIRECTORS  DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE	ADDRESS T-ZIP  ADDRESS ST-ZIP	ilred when reinslating)	DATE  ERS AND DIREC  Char	TORS IN 12 nge Additio
SIGNATURE  12.  IIILE NAME STREEL ADDRESS CHY-ST-ZIP LITTLE NAME STREEL ADDRESS	DEFICERS  OFFICERS  DEVS  SIMON, AMANDA  3702 HILEMAN DR.  AKELAND FL 33809  SIMON, AMANDA  AKELAND FL 3702  SIMON, AMANDA  TO THE TENTRE OF T	d agent and title ill applicable. (N AND DIRECTORS  DELETE  DELETE  DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME	ADDRESS T-ZIP  ADDRESS ST-ZIP  ADDRESS	ilred when reinslating)	DATE  ERS AND DIREC  Char  Char	TORS IN 12 nge Additio
SIGNATURE  12.  IIILE NAME STREEL ADDRESS CHY-ST-ZIP LITTE NAME STREEL ADDRESS CHY-ST-ZIP LITTE NAME STREEL ADDRESS CHY-ST-ZIP LITTE NAME STREEL ADDRESS CHY-ST-ZIP	DEFICERS  OFFICERS  DEVS  SIMON, AMANDA  3702 HILEMAN DR.  AKELAND FL 33809  SIMON, AMANDA  AKELAND FL 3702  SIMON, AMANDA  TO THE TENTRE OF T	d agent and title if applicable. (N AND DIRECTORS  DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-I 3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY-I 4.1 TITLE 4.1 TITLE 4.1 TITLE	ADDRESS T-ZIP  ADDRESS ST-ZIP  ADDRESS	ilred when reinslating)	DATE  ERS AND DIREC  Char	TORS IN 12 nge Additio
SIGNATURE  12.  TITLE  NAME  SIREELADORESS  CHY-ST-ZIP  TITLE  NAME  SIREELADORESS  CHY-ST-ZIP  TITLE  NAME  STREELADORESS  CHY-ST-ZIP  TITLE	DEFICERS  OFFICERS  DEVS  SIMON, AMANDA  3702 HILEMAN DR.  AKELAND FL 33809  SIMON, AMANDA  AKELAND FL 3702  SIMON, AMANDA  TO THE TENTRE OF T	d agent and title ill applicable. (N AND DIRECTORS  DELETE  DELETE  DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY-S 4.1 TITLE 4.2 NAME	ADDRESS T-ZIP  ADDRESS ST-ZIP  ADDRESS ST-ZIP	ilred when reinslating)	DATE  ERS AND DIREC  Char  Char	TORS IN 12 nge Additio
SIGNATURE  12.  TITLE  NAME  SIREELADORESS  CHY-SI-ZIP  TITLE  NAME  SIREELADORESS  GIV-SI-ZIP  TITLE  NAME  SIREELADORESS  CHY-SI-ZIP  TITLE  NAME  NAME  NAME	DEFICERS  OFFICERS  DEVS  SIMON, AMANDA  3702 HILEMAN DR.  AKELAND FL 33809  SIMON, AMANDA  AKELAND FL 3702  SIMON, AMANDA  TO THE TO T	d agent and title ill applicable. (N AND DIRECTORS  DELETE  DELETE  DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREET 4.1 TITLE 4.2 NAME 4.3 STREET	ADDRESS T-ZIP  ADDRESS ST-ZIP  ADDRESS ST-ZIP  ADDRESS ADDRESS ADDRESS	ilred when reinslating)	DATE  ERS AND DIREC  Char  Char	TORS IN 12 nge Additio
SIGNATURE  12.  ITTLE  NAME  STREEL ADDRESS  CITY-ST-ZIP	DEFICERS  OFFICERS  DEVS  SIMON, AMANDA  3702 HILEMAN DR.  AKELAND FL 33809  SIMON, AMANDA  AKELAND FL 3702  SIMON, AMANDA  TO THE TO T	d agent and title II applicable. (N AND DIRECTORS  DELETE  DELETE  DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-I 3.1 TITLE 3.2 NAME 3.3 STREET 4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-S	ADDRESS T-ZIP  ADDRESS ST-ZIP  ADDRESS ST-ZIP  ADDRESS ADDRESS ADDRESS	ilred when reinslating)	DATE  ERS AND DIREC  Char  Char  Char	TORS IN 12 nge
SIGNATURE  12.  ITTLE  NAME  STREEL ADDRESS  CITY-ST-ZIP	DEFICERS  OFFICERS  DEVS  SIMON, AMANDA  3702 HILEMAN DR.  AKELAND FL 33809  SIMON, AMANDA  AKELAND FL 3702  SIMON, AMANDA  TO THE TO T	d agent and title ill applicable. (N AND DIRECTORS  DELETE  DELETE  DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREET 4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-S 5.1 TITLE	ADDRESS T-ZIP  ADDRESS ST-ZIP  ADDRESS ST-ZIP  ADDRESS ADDRESS ADDRESS	ilred when reinslating)	DATE  ERS AND DIREC  Char  Char	TORS IN 12 nge
SIGNATURE  12.  ITTLE  VAME  STREEL ADDRESS  CITY-ST-ZIP  ITTLE  VAME  V	DEFICERS  OFFICERS  DEVS  SIMON, AMANDA  3702 HILEMAN DR.  AKELAND FL 33809  SIMON, AMANDA  AKELAND FL 3702  SIMON, AMANDA  TO THE TO T	d agent and title II applicable. (N AND DIRECTORS  DELETE  DELETE  DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREET 4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-S 5.1 TITLE 5.2 NAME	ADDRESS T-ZIP  ADDRESS ST-ZIP  ADDRESS ST-ZIP  ADDRESS T-ZIP	ilred when reinslating)	DATE  ERS AND DIREC  Char  Char  Char	TORS IN 12 nge
SIGNATURE  12.  ITHE  NAME  STREEL ADDRESS  GITY-ST-ZIP  ITHE  NAME  STREEL ADDRESS  CITY-ST-ZIP  ITHE  NAME  STREEL ADDRESS  STREEL ADDRESS  STREEL ADDRESS	DEFICERS  OFFICERS  DEVS  SIMON, AMANDA  3702 HILEMAN DR.  AKELAND FL 33809  SIMON, AMANDA  AKELAND FL 3702  SIMON, AMANDA  TO THE TO T	d agent and title II applicable. (N AND DIRECTORS  DELETE  DELETE  DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREET 4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-S 5.1 TITLE 5.2 NAME 5.3 STREET	ADDRESS T-ZIP  ADDRESS ST-ZIP  ADDRESS ST-ZIP  ADDRESS T-ZIP  ADDRESS ADDRESS ADDRESS	ilred when reinslating)	DATE  ERS AND DIREC  Char  Char  Char	TORS IN 12 nge
SIGNATURE  12.  ITHE NAME STREEL ADDRESS CITY-ST-ZIP THE NAME STREEL ADDRESS CITY-ST-ZIP	DEFICERS  OFFICERS  DEVS  SIMON, AMANDA  3702 HILEMAN DR.  AKELAND FL 33809  SIMON, AMANDA  AKELAND FL 3702  SIMON, AMANDA  TO THE TO T	d agent and title if applicable. (N AND DIRECTORS  DELETE  DELETE  DELETE  DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREET 4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-S 5.1 TITLE 5.2 NAME 5.3 STREET 5.4 CITY-S	ADDRESS T-ZIP  ADDRESS ST-ZIP  ADDRESS ST-ZIP  ADDRESS T-ZIP  ADDRESS ADDRESS ADDRESS	ilred when reinslating)	DATE  ERS AND DIREC  Char  Char  Char	TORS IN 12  nge
SIGNATURE  12.  ITTLE  NAME  STREET ADDRESS  CITY-ST-ZIP  ITTLE  ITTLE  NAME  STREET ADDRESS  CITY-ST-ZIP  ITTLE	DEFICERS  OFFICERS  DEVS  SIMON, AMANDA  3702 HILEMAN DR.  AKELAND FL 33809  SIMON, AMANDA  AKELAND FL 3702  SIMON, AMANDA  TO THE TO T	d agent and title II applicable. (N AND DIRECTORS  DELETE  DELETE  DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREET 4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-S 5.1 TITLE 5.2 NAME 5.3 STREET 5.4 CITY-S 6.1 TITLE	ADDRESS T-ZIP  ADDRESS ST-ZIP  ADDRESS ST-ZIP  ADDRESS T-ZIP  ADDRESS ADDRESS ADDRESS	ilred when reinslating)	DATE  ERS AND DIREC  Char  Char  Char	TORS IN 12  nge
SIGNATURE  TITLE NAME STREEL ADDRESS GITY-ST-ZIP TITLE NAME NAME NAME NAME NAME NAME NAME NAM	DEFICERS  OFFICERS  DEVS  SIMON, AMANDA  3702 HILEMAN DR.  AKELAND FL 33809  SIMON, AMANDA  AKELAND FL 3702  SIMON, AMANDA  TO THE TO T	d agent and title if applicable. (N AND DIRECTORS  DELETE  DELETE  DELETE  DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-S 5.1 TITLE 5.2 NAME 5.3 STREET 5.4 CITY-S 6.1 TITLE 6.2 NAME	ADDRESS T-ZIP  ADDRESS ST-ZIP  ADDRESS ST-ZIP  ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS T-ZIP	ilred when reinslating)	DATE  ERS AND DIREC  Char  Char  Char	TORS IN 12  nge
SIGNATURE  12.  IIILE NAME SIREE ADDRESS CITY-ST-ZIP IIILE NAME SIREE ADDRESS CITY-ST-ZIP IIILE NAME STREET ADDRESS CITY-ST-ZIP IIILE NAME	DEFICERS  OFFICERS  DEVS  SIMON, AMANDA  3702 HILEMAN DR.  AKELAND FL 33809  SIMON, AMANDA  AKELAND FL 3702  SIMON, AMANDA  TO THE TO T	d agent and title if applicable. (N AND DIRECTORS  DELETE  DELETE  DELETE  DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREET 4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-S 5.1 TITLE 5.2 NAME 5.3 STREET 5.4 CITY-S 6.1 TITLE	ADDRESS T-ZIP  ADDRESS ST-ZIP  ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS T-ZIP	ilred when reinslating)	DATE  ERS AND DIREC  Char  Char  Char	TORS IN 12 nge

SIGNATURE:

appears in Block 12 or Block 13 if changed, or on an attachment with an address.

**FILED** 

Apr 11 1997 8:00am

Secretary of State