W: FILING FEE AFTER MAY 1 IS \$550.00 POHATION ANNUAL REPORT 1997



FLORIDA DEPARTSIENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000081457 (0)
1. Corporation Name
FORT MYERS PIZZA SYSTEMS, INC.

FILED May 07 1997 8:00am Secretary of State

Principal Plac 100 S.E. 2ND SUITE 3940 MIAMI FL 3313		Mailing Address 100 S.E. 2ND STREET - SUITE 8940 - MIAMI FL 33131-2148					
					 Date Incorporated or Qualified 10/24/1995 	3a. Date of L 04/29/19	
L	Place of Business CLEUELAND Ave	2a. Mailing Address 26			4. FEI Number 65-0614252	<u></u>	Applied For Not Applicable
Suite, Apt		Suite, Apt. #, etc.	620		5. Certificate of Status Desired	1 1	75 Additional se Required
City & Stat	,	City & Stato			6. Election Campaign Financing		.00 May Be
Zφ	Muses, TC	Zip	Countr	'y	Trust Fund Contribution 8. This corporation has liability for i	grangible tax un	ded to Fees der s. 199.032,
24 3390	[25] 9 Name and Address of Curren	29	30	······································	Florida Statutes 10. Name and Address of New Re	Yes No	
WEI	MKLE, BARNEY N	it negistered Agent	81	I Name		Sisteren waant	
	S.E. 2ND ST.				MOLER, BRUCE J		
	TE 3940-		62	\$ Street Ad	dress (P.O. Box Number is Not Acceptab	le)	
7 -	MI FL 33131		83	SUITE	£ 2620	<u></u>	
	R	\	64	4 City		FL 85	Zip Code
11. Pursuant office or	to the provisions of Sections 607.050 registered agent, or both, in the State	2) and 607.1508, Florida Statu of Florida. Such change was	ites, the about authorized t	ve-named co	orporation submits this statement for the p pation's board of directors. I hereby accep	urpose of changot the appointme	ing its registered nt as registered
agent. 12 SIGNATURE	am ramiliar with, and accept the oblig	alions of Section 6071605, Fi	0102	14/1	4	1/2019)
business of the	Signature, typed or printed name of regist red ag		Registered Ac	gent senature req	ulred when reinstating)	DATE	
12.	OFFICE/IS AN	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC		
TITLE	SMOLER, BRUCE J.	☐ DELETE	1.1 TITLE		NEINKLE, BARNEY	X Ch	ange [] Addition
NAME L	100 S.E. 2ND STREET SUITE	-404A	1.2 NAME	1 i		2/20	
STREET ADDRESS	MIAMI FL 33131	0010		ET ADDRESS	50(1	2 2620	
CHY-S1-701	MIDAM, FE GO 101	DELETE	1.4 CITY-			Ch	ange Addilion
11ft F		L. DECE IE	2.1 TITLE			L1 VII	ange Li vooilion
NAME			2.2 NAME			_	
STREET ADDRESS			0.00000	ì		_	
2017 J D 1 707	1			ET ADDRESS		_	
CHY-SI-ZIP		T DELETE	2.4 DiTY	ET ADORESS - ST-ZIP		□] Ch	ange Addition
TOLE		☐ DELETE	2. 4 CiTY- 3.1 Fitle	ET ADORESS - ST- ZIP	**************************************	Ch	ange Addition
TOLE NAME		DELETE	2. 4 CiTY- 3.1 TITLE 3.2 NAME	ET ADORESS - ST-ZIP		□ Ch	ange 🔲 Addition
Tille		DELETE	2. 4 CiTY- 3.1 TITLE 3.2 NAME	ET ADDRESS - ST-ZIP ET ADDRESS		□ Ch	ange Addition
THEE NAME SHREED ADDRESS		☐ DELETE	2. 4 City: 3.1 fitle 3.2 name 3.3 stree	ET ADORESSST-ZIP E ET ADORESSST-ZIP		□ Ch	
THEF NAME SHREEL ADDRESS OHY (ST-71P)			2.4 C(TY) 3.1 TITLE 3.2 NAME 3.3 SYREE 3.4. C(TY)	ET ADDRESS -ST-ZIP E ET ADDRESS -ST-ZIP		1/	
THEF NAVE STREET ADDRESS OHY - ST- 7P THEF			2. 4 City 3.1 fitle 3.2 name 3.3 stree 3.4. city 4.1 title 4.2 name	ET ADDRESS -ST-ZIP E ET ADDRESS -ST-ZIP		1/	
THEF NAME SIREFF ADDRESS CHY-S1-7IP THEF NAME		☐ DELETE	2. 4 City 3.1 fitle 3.2 name 3.3 stree 3.4. city 4.1 title 4.2 name	ET ADDRESS - ST-ZIP E ET ADDRESS - ST-ZIP IE ET ADDRESS		1/	
THEF NAME SHREEL ADDRESS CHY-SI-ZIP THEE NAME STREEL ADDRESS			2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREE 3.4. CITY- 4.1 TITLE 4.2 NAME 4.3 STREE	ET ADDRESS - ST-ZIP E ET ADDRESS - ST-ZIP IE ET ADDRESS - ST-ZIP		\$ 5	
THEF NAME SIREFF ADDRESS CHY-SI-ZIP THEF NAME SIREFF ADDRESS CHY-SI-ZIP		☐ DELETE	2. 4 City. 3.1 fitle 3.2 name 3.3 stree 3.4. city. 4.1 title 4.2 name 4.3 stree 4.4 city.	ET ADDRESS - ST-ZIP E ET ADDRESS - ST-ZIP IE ET ADDRESS - ST-ZIP		\$ 5	and Addition
THEF NAME STREET ADDRESS CHY-ST-ZIP THEE NAME STREET ADDRESS CHY-ST-ZIP THEE		☐ DELETE	2. 4 City: 3.1 Title 3.2 NAME 3.3 STREE 3.4. City: 4.1 Title 4. 2 NAME 4.3 STREE 4.4 City: 5.1 Title 5.2 NAME	ET ADDRESS - ST-ZIP E ET ADDRESS - ST-ZIP IE ET ADDRESS - ST-ZIP		\$ 5	and Addition
THEF NAME STREET ADDRESS CITY-ST-ZIP THEE VAME STREET ADDRESS CITY-ST-ZIP THEE NAME		☐ DELETE	2. 4 City: 3.1 Title 3.2 NAME 3.3 STREE 3.4. City: 4.1 Title 4. 2 NAME 4.3 STREE 4.4 City: 5.1 Title 5.2 NAME	ET ADDRESS -ST-ZIP E ET ADDRESS -ST-ZIP ET ADDRESS -ST-ZIP ET ADDRESS		\$\begin{align*} 5 & 0 & 0 & 0 & 0 & 0 & 0 & 0 & 0 & 0 &	ange Addition
THEF NAME STREET ADDRESS CITY STEATH THEE VAME STREET ADDRESS CITY STEATH NAME STREET ADDRESS		☐ DELETE	2. 4 City. 3.1 title 3.2 name 3.3 stree 3.4. city. 4.1 title 4.2 name 4.4 city. 5.1 title 5.2 name 5.3 stree	ET ADDRESS -ST-ZIP E ET ADDRESS -ST-ZIP ET ADDRESS -ST-ZIP E ET ADDRESS -ST-ZIP		\$ 5	ange Addition
THRE NAME SHRETI ADDRESS CHY-ST-ZIP THRE VAME STREET ADDRESS CHY-ST-ZIP HTTE NAME STREET ADDRESS CHY-ST-ZIP CTY-ST-ZIP		☐ DELETE	2. 4 CITY- 3.1 FITLE 3.2 NAME 3.3 STREE 3.4. CITY- 4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY- 5.1 TITLE 5.2 NAME 5.3 STREE 5.4 CITY-	ET ADDRESS -ST-ZIP E ET ADDRESS -ST-ZIP E ET ADDRESS -ST-ZIP E ET ADDRESS -ST-ZIP		S Ch	ange Addition
THEF NAME SHRETI ADDRESS CHY-ST-ZIP THEE VAME SIPELI ADDRESS CHY-ST-ZIP HTTL NAME STREET ADDRESS CHY-ST-ZIP THE		☐ DELETE	2. 4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREE 3.4. CITY- 4.1 TITLE 4.2 NAME 4.4 CITY- 5.1 TITLE 5.2 NAME 5.3 STREE 5.4 CITY- 6.1 TITLE 6.2 NAME	ET ADDRESS -ST-ZIP E ET ADDRESS -ST-ZIP E ET ADDRESS -ST-ZIP E ET ADDRESS -ST-ZIP	bk dep	S Ch	ange Addition

information indicated on this animal report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under of Lam 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 or as attachment with an address.