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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DÉPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

P95000081457 (0)

FILED
May 14 1998 8:00am
Secretary of State

FORT Myers Pizza Systems, Inc.							1				
Principal Place of Business Mailing Address											
100 SE SECOND STREET SUITE 2620 100 SE SECOND STREET MIAMI FL 33131 MIAMI FL 33131											
						<u> </u>		OT WRITE IN THE	S SPACE	<del></del> -	
						(		10/24/	95		
2. Principal Place of Business 2a. Mailing Address						4. FEI	4. FEI Muraber I			Applied For	
21 26							65-06	4252		Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.			, etc.			5. Cert	5. Certificate of Status Desired			\$8.75 Additional	
27										Required	
'			ı				tion Campaign Fi			May Be	
<b>23</b> Zip				Country			t Fund Contributi			i to Fees	
24	25 29 30			Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes  No					
24	9. Name and Address of Curre		30					of New Registers	_	NO	
	MOLER, BRUCE J ESQ	<u> </u>		81	Name			or them magnetions			
	MOLER, DROCE & ESO MOLER, LERMAN, ET AL.										
100 SE SECOND STREET SUITE 2620				82	Street	t Address (P.O. B	dress (P.O. Box Number is Not Acceptable)				
MIAMI FL 33131				83							
"	117411 1 E 00 10 1										
		•		84	City			F	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											
49	Signature typed or printed name of registered ac	gent and talle it applicable.  ND DIRECTORS			nt signatur	e required when rainsta		DATE	15 DISEO70	DO IN 40	
12.	D CENCERS AL		4. 4	13. 1.1 TITLE		T AUDIT	HONS/CHANGES	TO OFFICERS A	Change	Addition	
NAME	WEINKLE, BARNEY		ı	1.2 NAME		1			CD change	- Addition !	
STREET ADDRESS 100 SE SECOND STREET SUITE 2620				1.3 STREET ADDRESS					•	:	
CITY-ST-ZIP	MIAMI FL 33131	OUTE 2020									
TATLE	MARITE 03/01		-	1.4 CITY - S 2.1 TITLE	1 - 214				Change	Addition i	
NAME		<u></u> -		2.2 NAME		•			ondrigo	/Addition	
STREET ADDRESS			1	2.3 STREET	Annocee						
CITY-ST-ZIP				2.4 CITY - S							
TITLE				3 1 TITLE	11-4:IE	<del>                                     </del>			Change	Addition	
NAME				3.2 NAME					ogr		
STREET ADDRESS				3 3 STREET	AUDBESS					i	
CITY-ST-ZIP				3 4. CITY - S						i	
TITLE	· <del>-</del> ·	[]0		4 1 TITLE		<del> </del>	<del></del> -	· · · · · · · · · · · · · · · · · · ·	Change	Addition	
NAME				4. 2 NAME						-	
STREET ADDRESS				4.3 STREET	ADDRESS						
CITY-ST-ZIP				4.4 CITY-S1					/)	, :	
TITLE				5.1 TITLE		<del> </del>	·····		Change	Addition	
HAME				5 2 NAME					THICK	IT (I	
STREET ADDRESS				S 3 STREET .	ADORESS				<b>//</b> ///	74	
CITY-ST-ZIP			1	5.4 CITY-SI		}		1	レイ	· /	
TITLE		□ D		6.1 11TLE	LH.				Change	Addition	
NAME	W:	·	•	6.2 NAME		4	00002	25287 -010380	04		
STREET ADDRESS				6 3 STREET	ADDRESS		05/19/98-	010380	04		
CITY+ST-ZIP			1	6 4 CITY - ST		*	**150.00				
						<u> </u>					

14. Thereby cortify that the information supposed with this thing 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 13 if chapters, or on an attachment with an address.

SIGNATURE

1/20 F8

(305)539-9144