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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000081457

FORT MYERS PIZZA SYSTEMS, INC.

FILED Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90217 037 ***150.00



Principal Place	of Business	Mailing Address						
100 S.E. SECOND STREET SUITE 2620 100 S.E. SECOND STREET S			TE 2620					
MIAMI FL 33131 MIAMI FL 33131					DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualifed	12 11 11 11 11		
					10/24/1995			
• p. : : i p		2a. Mailing Address			4 FEI Number		— ∏An	plied For
					65-0614252		<u> </u>	t Applicable
21 4 25 Cleveland Five 26 Suite, Apt. #, etc.					00 00 14202		\$8.75 A	
					5. Certifcate of Status Desired		Fee Re	
22 27 City & State City & State					6. Election Campaign Financing		\$5.00	May Re
					Trust Fund Contribution		Added t	•
Zip Country Zip			Country		8. This corporation owes the cur	rent vear Inte	ngible	
$\frac{Zip}{4}$ 33901 25 US 29 3					Personal Property Tax.	,	Yes	□No
24	9. Name and Address of Current	177,			10. Name and Address of New	Registered /	agent	
	J. Hallie and Heartest of Carrent		81	Name]
SMOLER, BRUCE J				0	A Livery (D.O. Deve Niverbar in Niet Accord	oble)		
100 S.E. 2ND ST.				Street A	Address (P.O. Box Number is Not Accept	able)		
SUITE 2620			83					
MIAMI FL 33131								
17117 44	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		84	City		FL	85 Zip 0	Code
		and 607 1509 Florida Statutos t	he abov	e-named (corporation submits this statement for the	nurnose of	changing its	registered
office or re	egistered agent or both in the State of	Florida, Such change was autho	rized by	tne corpo	pration's board of directors. I hereby acce	pt the appoir	itment as re	gistered
agent. I a	m familiar with, and accept the obligation	ns of, Section 607.0505, Florida	Statutes	5.				
SIGNATURE		WATE COM	atasad Ago	at aiomatura ra	equired when reinstating)	DATE	 	i
42	Signature, typed or printed name of registered agent a OFFICERS AND		13.	ni signature re	ADDITIONS/CHANGES TO OF		D DIRECTO	RS IN 12
12.	D	☐ DELETE	1.1 TITLE	· I	7,551,101,000,000,000		Change	Addition
	WEINKLE, BARNEY		1.2 NAME				,	}
NAME	100 S.E. 2ND STREET, SUITE 26	200		T ADDRESS				
STREET ADDRESS	MIAMI FL 33131	20	14 CITY-S	- 1				
CITY-ST-ZIP	MINIMITE 33131	☐ DELETE	2.1 TITLE	11-211			☐ Change	☐ Addition
TITLE		2, 2000	2.2 NAME	i	i			
NAME	•			T ADDRESS				. 1
STREET ADDRESS				- 1			•	
CITY-ST-ZIP		☐ DELETE	2.4 CITY-: 3.1 TITLE	\$1-ZIP			Change	Addition
TITLE		Deceir						_
NAME			3.2 NAME				•	
STREET ADDRESS				TADDRESS	1			
CITY-ST-ZIP		C DCLETE	3.4. CITY-	ST-ZIP			Change	Addition
TITLE		☐ DELETE	4,1 TITLE					
NAME			4. 2 NAME				•	ļ
STREET ADDRESS			4.3 STREE	TADDRESS				1
CITY-ST-ZIP			4.4 CITY-5	ST-ZIP	<u> </u>		Change	
TITLE		☐ DELETE	5.1 TITLE				Change	☐ Addition
NAME			5.2 NAME					
STREET ADDRESS				TADDRESS				ţ
CITY-ST-ZIP			5.4 CITY-5	ST-ZIP				☐ Addition
TITLE		☐ DELETE	6.1 TITLE				Change	☐ Addition
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREE	ET ADDRESS			;	
CITY-ST-ZIP			6.4 CITY-5	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, or on an attachment with an address, with all other like empowered.

SIGNATURE: