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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000093356 (0)

DOMENICO'S PIZZA COMPANY, INC.

Principal Place of Business Mailing Address

1420 #1 CYPRESS DRIVE 1420 #1 CYPRESS DRIVE

FILED Feb 05 1998 8:00am Secretary of State



JUPITER FL 33469 JUPITER FL 33469 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/07/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0625385 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Country Zìp Zip 8. This corporation owes or has paid the correct year Intangible Personal Property Tax due June 30. 24 25 30 Yes 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent DEFLILIPPI, DOMINIC III 81 Name 1420 #1 CYPRESS DRIVE 82 Street Address (P.O. Box Number is Not Acceptable) JUPITER FL 33469 84 City 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. TITLE DELETE 1.1 TITLE Change Addition DEFILIPPI, DOMENIC NAME 1.2 NAME 1420 #1 CYPRESS DRIVE STREET ADDRESS 1.3 STREET ADDRESS JUPITER FL 33469 CITY-ST-ZIP 1.4 CITY-ST-ZIP Change Addition DELETE TITLE 2.1 TITLE VIC DEFILIPPI PHILADELPHA NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS FC. 33418 Change CITY-ST-ZIP 2. 4 CITY - ST-7IP ___ Addition DELETE TITLE 3.1 TITLE NAME 32 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIF DELETE Change Addition TITLE 4.1 TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 City-ST-ZIP DELETE Change Addition 6.1 T(T) F TITI F NAME 6.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY - ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify the exemption stated in Section 119.07(3)(ii), 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 of 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 managed, or on an attachment with an address.

19/92 744-1094

CR2E034 (10/97)