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**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1996

P95000097491 (1) DOCUMENT # DETROIT JOE'S, INC. Principal Place of Business Mailing Address 333 N ORANGE AVE 333 N ORANGE AVE ORLANDO FL 32801 ORLANDO FL 32801 3. Date Incorporated or Qualified 3a. Date of Last Report 12/21/1995 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation has liability for intangible tax under s 199.032, 24 25 29 30 Florida Statutes Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name ZERILLI. JOSEPH A Street Address (P.O. Box Number is Not Acceptable) 7620 PARK PROMENADE DR, 1213 **WINTER PARK FL 32792** 83 84 City 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. llen orill SIGNATURE of registered age I and title if applicab Registered Agent signature required when reinstallings CR2E034 (12/95) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 VICE President, S DELETE TITLE 1. 1 TITLE ☐ Change ☐ Addition NAME Ellen ZERILI 7620 Park Promende OR Apt 1213 1.2 NAME STREET ADDRESS 1.3 STREET ADDRESS Winter Perk, FC CITY-S1-ZIP 1.4 CITY - ST - ZIP President T JOSEPH ZEIIII JOSEPH ZEIIII THILE 2 1 TITLE Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS 190 CITY - ST - ZIP 2.4 CITY - ST - ZIP TITLE DELETE 3. 1 TITLE Change ☐ Addition NAME 3.2 NAME STREET ADDRESS 3.3. STREET ADDRESS CITY - ST - ZIP 3.4 CITY - ST - ZIP DELETE TITLE 4. 1 TITLE Change ☐ Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS COY-ST-ZIP 4.4 CITY-ST-ZIP TIFLE DELETE ☐ Change 5 1 TITLE Addition NAME 5.2 NAME STREET ADDRESS **5.3 STREET ADDRESS** CITY-ST-ZIP 5.4 CITY-ST-ZIP TILE DELETE 6.1 THE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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

SIGNATURE:

DIRECTOR

Date Daytime Phone #