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PRÔFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

angra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000002672 1. Corporation Name Double TAKE PIZZA INC. FILED Apr 22 1997 8:00am Secretary of State

JAMES M. LANIER PRES, 3-30-97-352-347-432

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_ `	e of Business		Mailing Address	ر را دست را درا دست را	e Pizza zu				
	E TAKE PIZZA		Doubl	14 P.	e of				
403 N	1, GROVE St.		10830	5 E 5 E	Z		T		
Eustis FL. 32727			Double Take Pizza Inc. 10830 SE 52 et BELLEVIEW FL 34420		JAN: 7) 1996	3a. Date of Last Report			
	Nume of Business		2a. Mailing Addres			4. FEI Number			pplied For
Voul	316 TAKE PIZZ	CA			PIZZA INC.	59-3352483			ot Applicat
403	3 N. GROVE	5+.	Suite, Apt. #, e 27 /0830 City & State	5E 3	52ct	5. Certificate of Status Desired	×	Fee P	Additional tequired
Eu	stis FL		28 BELLE	VIEW		6. Election Campaign Financing Trust Fund Contribution		<b>-</b>	May Be to Fees
Zp フッカイ	Country	KE	Zip 7/1/1/20		ountry	8. This corporation has liability for it			s. 199.032,
3276	1 1 1 1		29 34420	30	MALION	L	Yes 2	<del>-</del>	
	9. Name and Address of				81 Name	10. Name and Address of New Reg	gistereo A	igeni	
	AMES M. L						····		
	0830 SE	52 ct	•		82 Street Addres	ss (P.O. Box Number is Not Acceptab	ile)		
	BELLEVIEW, F				83		·····		
	BEILEVIEW	2111	· .						
		344	20		84 City		FL	<b>85</b> Zip	Code
L. Pursuant t	to the provisions of Sections	s 607 0502 ar	nd 607.1508. Florida	Statutes, the	above-named corpo	ration submits this statement for the pr		changing i	its registere
office or n	egistered agent, or both, in	the State of F				n's board of directors. I hereby accept	of the appro	pintment as	registered
	and I want to the contribution of the contribu	the obligation	lorida, Such change	was authorize	ed by the corporatio				
	milamwar with, and accept	the obligation	ns of Section 607.05	<i>7</i>	ed by the corporatio atutes.	n's board of directors. I hereby accep			
GNATURE	Janux	Ma	ani Y	rea		<i>3</i>		0-9%	
GNATURE	Standard typy for printed name of re	Ma	d tit e if applicable	rea	ed Agent signature required	<i>3</i>	DATE	0-9%	<b>7</b>
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