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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P96000021099 (2)**

1. Corporation Name
NICK'S PIZZA PASTA & GRILL, INC.

Principal Place of Business	Mailing Address
2124 NORTHEAST 44TH STREET FORT LAUDERDALE FL 33308	2124 NORTHEAST 44TH STREET FORT LAUDERDALE FL 33308-5610

3. Date Incorporated or Qualified: 03/07/1996
3a. Date of Last Report:

2. Principal Place of Business
21 1964 LAKE WORTH ROAD
Suite, Apt. #, etc.: 22
City & State: 23 LAKE WORTH, FLORIDA
Zip: 24 33461-4228 Country: 25 USA

2a. Mailing Address
26 P.O. BOX 1120
Suite, Apt. #, etc.: 27
City & State: 28 BOCA RATON, FLORIDA
Zip: 29 33429 Country: 30 USA

4. FEI Number: 65-0673225 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
GROSCH, RICK
2124 NORTHEAST 44TH STREET
FORT LAUDERDALE FL 33308

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 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: Sign here (type or print name of registered agent and title, if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	STELLINO, FRANK	1.2 NAME	
STREET ADDRESS	2124 NORTHEAST 44TH STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE FL 33308	1.4 CITY-ST-ZIP	
TITLE	ST ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	GROSCH, RICK	2.2 NAME	
STREET ADDRESS	2124 NORTHEAST 44TH STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE FL 33308	2.4 CITY-ST-ZIP	
TITLE	V ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	BRACEY-GIBBON, SHELBY	3.2 NAME	
STREET ADDRESS	2124 NORTHEAST 44TH STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE FL 33308	3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (9/96)

14. I do 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.

SIGNATURE: [signature] FRANK STELLINO 3-6-97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0263635