## 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 # P96000024209 (4)

rincipal Place of Business	Mailing Address
2910 NORTH A1A	2910 NORTH A1A
INDIALANTIC FL 32903	INDIALANTIÇ FL 32903

## FILED Apr 13 1998 8:00am Secretary of State

PAPPAGALLO'S PIZZA, INC. DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified <u>03/13/1996</u> 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3363320 Not Applicable 21 Suite, Apt. #, etc Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State \$5.00 May Be Election Campaign Financing 23 Added to Fees Trust Fund Contribution Country Zip Country **Z**ip 8. This corporation owes or has paid the current year Intangible 24 25 29 Personal Property Tax due June 30. ΠNo 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 RICH, DAVID 210 SUNRISE AVE. 82 Street Address (P.O. Box Number is Not Acceptable) SATELLITE BEACH FL 32937 83 City Zip Code 85 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 (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition TITLE 1.1 TITLE RICH, DAVID C NAME 1.2 NAME 210 SUNRISE AVE STREET ADDRESS 1.3 STREET ADDRESS SATELLITE BEACH FL CITY-ST-ZIP 1.4 CITY - ST - ZIF DELETE Change Addition TITLE 2.1 TITLE 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS 2 4 City-St-ZiP CITY-ST-ZIP DELETE Change Addition TITLE 3.1 10115 NAME **3.2 NAME** STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4.2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY - \$1 - 7(P DELETE Change Addition 5.1 TILLE THILE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 54 CHY-ST-ZIP DELETE Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY - ST - ZIP

14. Thereby 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 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 supplied on this annual report as 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in