

7-9-97 15 6813 C
FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
May 09 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000034363 (7)

1. Corporation Name
TIGER PIZZA, INC.

Principal Place of Business
8756 ROLLING BROOK LANE
JACKSONVILLE FL 32256

Mailing Address
8756 ROLLING BROOK LANE
JACKSONVILLE FL 32256-9025



2. Principal Place of Business	2a. Mailing Address
21 6003 Roosevelt Blvd	26 24485 Harbour View Dr
22 Suite, Apt. #, etc. #6	27 Suite, Apt. #, etc.
23 City & State JACKSONVILLE, FL	28 City & State PONTE VEDRA BEACH, FL
24 Zip 32244	29 Zip 32082
25 Country US	30 Country US

3. Date Incorporated or Qualified 04/17/1996	3a. Date of Last Report
4. FEI Number 59-3383003	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

BLACKWELL, STUART
8756 ROLLING BROOK LANE
JACKSONVILLE FL 32256

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 _____ (NOTE: Registered Agent signature required when reinstalling) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	President
NAME	BLACKWELL, STUART	1.2 NAME	Stuart Blackwell
STREET ADDRESS	8756 ROLLING BROOK LANE	1.3 STREET ADDRESS	24485 Harbour View Dr.
CITY-ST-ZIP	JACKSONVILLE FL 32256	1.4 CITY-ST-ZIP	Ponte Vedra Beach, FL 32082
TITLE		2.1 TITLE	Vice President
NAME		2.2 NAME	Joseph Bonanno
STREET ADDRESS		2.3 STREET ADDRESS	7044 Silver Lake Terrace
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Jacksonville, FL 32216
TITLE		3.1 TITLE	Secretary
NAME		3.2 NAME	John Cook
STREET ADDRESS		3.3 STREET ADDRESS	11509 Silver Oak Lane
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Jacksonville, FL 32223
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: Stuart Blackwell 4/2/97 904-273-6652
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)