FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

NAME

STREET ADORESS

SIGNATURE:

CITY-ST-ZIP

May 01 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 P96000041556 (7) DOCUMENT # 1-900-PIZZA, INC. Principal Place of Business Mailing Address 9465 W. SAMPLE ROAD STE 200 9465 W. SAMPLE ROAD STE 200 **CORAL SPRINGS FL 33065** CORAL SPRINGS FL 33065 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/14/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 65-0667529 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Country Zip Country 8. This corporation owes or has paid the current year Intangible 30 Personal Property Tax due June 30. Yes Yes 24 25 29 g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent NADEL, HOWARD B **800 CORPORATE DRIVE STE 602** 82 Street Address (P.O. Box Number is Not Acceptable) FT LAUDERDALE FL 33334 83 City 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) Signature, typed or printed name of registered agent and title if applicable DATE 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition Titl F 11 TITLE NAME MANN, ANGELA 12 NAME 7730 NEW PORT LANE STREET ADORESS 1.3 STREET ADORESS PARKLAND FL CITY-ST-7IP 1.4 CITY-ST-7IP DELETE Change Addition TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-21P 2.4 CITY-ST-ZIP DELETE Change Addition TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition 4.1 TITLE TITLE NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 54 City-ST-ZIP TITLE DELETE 6.1 TITLE Change Addition

> 6.2 NAME 6.3 STREET ADDRESS

14. I 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.

anada MMCHL

6.4 CITY-ST-ZIP

4-25-98

FILED