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

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000042052 (6)

POSITIVELY PITA, INC.

Dalmalmal	Diago	-7	Duningan
Principal	riace	OI	Business

Mailing Address

FILED Jun 19 1997 8:00am Secretary of State



22568 SAWFIS BOCA RATON		22568 SAWFISH TERRAI BOCA RATON FL 33428						
					3. Date Incorporated or Qualified 05/16/1996	3a. Date of Las	st Report	
2. Principal Place of Business 2a. Mailing Address				4. FEI Number		Applied For		
	AME	26 SAM6	·		105-06664	96	Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc. 27				5. Certificate of Status Desired	` \$8.7	5 Additional Required		
City & Stat	te City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
Zip 24	Country 25	Ζ(ρ 29	Count	ry	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes No			
	g, Name and Address of Cur	rent Registered Agent			10. Name and Address of New Reg	lstered Agent		
GO	GUEN, SHIRLEY		8	1 Name	SHIRLEY GOGUE	: N		
22568 SAWFISH TERRACE			A	82 Street Address (P.O. Box Number is Not Acceptable)				
1	CA RATON FL 33428		}	E DITORI AGO	Siress (1.0. Dox Hamber is Not Acceptab	o,	1	
			8	3	(SAME)			
			ã	4 000	JAME /	12-1 :	20	
			*	4 City		FL 85 2	Zip Code	
11. Pursuant	to the provisions of Sections 607.0	0502 and 607.1508, Florida Stati	utes, the abo	ve-named col	rporation submits this statement for the pation's board of directors. I hereby accep	urpose of changir	ng its registered	
office or r	registered agent, or both, in the St. im familia with, and accept the ob	ate of Florida. Such change was Jugations of, Section 607,0505. F	s authorized i Florida Statut	by the corpora es.	ation's board of directors, I hereby accep	t the appointment	t as registered	
SIGNATURE	Alex love I for			•••	4	5.97		
SIGNATURE	Signature, typod or prior i name of registered	igent and title it applicable (NC	11 : Registered A	gent signature requ	uired when roinstating)	DATE		
12.	OFFICERS	gert and title II applicable (NC AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC			
TITLE	PD	L] DELETE	1.1 TITLE			Chan	ge 🔲 Addition 🕻	
NAME	GOGUEN, SHIRLEY	_	. 1.2 NAM				l:	
STREET ADDRESS	22568 SAWFISH TERRRACI	E	1.3 STRE	F1 ADDRESS			Į (
CITY-ST-ZIP	BOCA RATON FL 33428		1.4 DITY	-SI-ZIP			i	
TITLE	VP	☐ DELETE	2.1 TITLE			Chan	ge 🔲 Addition 🕻	
NAME	NORMAN GOGLEN		2.2 NAMI	٤			Į.	
STREET ADDRESS	(SAME)		2.3 STRE	ET ADDRESS				
CITY-ST-ZIP	Commes		2. 4 CITY	-S1-ZIP				
TITLE		☐ DELETE	3.1 TIFLE			Chan	ge 🔲 Addition	
NAME			3.2 NAM	E			1	
STREET ADDRESS			3.3 STHE	ET ADDRESS				
CITY-ST-ZIP			3.4. CITY	-ST-2(P				
TITLE		☐ DELETE	4.1 Trille			Chan	ge 🔲 Addition	
NAME			4. 2 NAM	E			ļ	
STREET ADDRESS			4.3 STRE	ET ADDRESS				
CITY-ST-ZIP			4.4 CITY	-ST-ZIP				
TITLE		☐ DELETE	5 1 TITLE			☐ Chan	ge 🗌 Addition	
NAME			5 2 NAM	E				
STREET ADDRESS			5.3 \$1RE	ET ADDRESS				
CITY-ST-ZIP			5.4 C(1 Y	- ST - ZIP				
TITLE		☐ DELETE	6.1 TITLE			Chan	ge 🔲 Addition	
NAME			6.2 NAM	E			\ \	
STREET ADDRESS			6.3 STRE	ET ADDRESS				
CITY-ST-ZIP			6.4 CITY	- ST - ZIP				
44 I do bocol	by postify that the information cure	liad with this filing does not aug	lify for the a	comption state	nd in Section 119 07/3)/i) Florida Statutas	I further portify t	hat the	

. 1 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.

F 6 \ C 00 00 50