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

PROFIT CORPORATION





FLORIDA DEPARTMENT OF STATE

Katherine Harris

	1999	Secretary of State DIVISION OF CORPORATIONS			03-10-1999 90046 023 ***150.00		
·· Corporation	MENT # P9600 IN PIZZA ETC., INC.	0045714					
Principal Place	e of Business	Mailing Address			L (BOURBUL FIR LOUIS CHIEF CERTIL BOUN BOUR C	IJU alias t aikii t ena t ti n ii alai keat	
117 OCEAN BLVD. HAMPTON BEACH NH 03842 117 OCEAN BLVD. HAMPTON BEACH NH 03842					DO NOT WRITE IN TH	HIS SPACE	
					3. Date Incorporated or Qualifed 05/30/1996		
	lace of Business	2a. Mailing Address			4. FEI Number	Applied For	
Suite, Apt.	#	Suite, Apt, #, etc.		_	58-2241560	Not Applicable \$8.75 Additional	
Suite, Apt.	#, etc.	27			5. Certificate of Status Desired	Fee Required	
City & Stat	е	City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country 25	Zip 30	Coun	try	This corporation owes the current year Personal Property Tax.	Intangible ☐ Yes X No	
	9. Name and Address of Cur	rent Registered Agent			10. Name and Address of New Register	ed Agent	
CORPORATE ACCESS, INC. 1116-D THOMASVILLE RD.				81 Name 82 Street	Address (P.O. Box Number is Not Acceptable)		
TALLAHASSEE FL 32303				83			
			- 1	84 City	-	85 Zip Code	
office or r	enistered agent or both in the Sta	0502 and 607.1508, Florida Statutes, ate of Florida. Such change was auth igations of, Section 607.0505, Florid	nonzed	by the cords	corporation submits this statement for the purpose ration's board of directors. I hereby accept the ap	of changing its registered pointment as registered	
SIGNATURE	Signature, typed or printed name of registered	and title displaying (NOTE: Pe	wintered A	land signature r	equired when reinstating) DATE		
12.		AND DIRECTORS	13.	igen i signature n	ADDITIONS/CHANGES TO OFFICERS		
TITLE	P	☐ DELETE	1.1 TITL	E		☐ Change ☐ Addition	
NAME	ROYER, JEAN		1.2 NAM	AE			
STREET ADDRESS	117 OCEAN BLVD.		1.3 STR	EET ADDRESS			
CITY-ST-ZIP	HAMPTON BEACH NH 0384			Y-ST-ZIP			
TITLE	٧	☐ DELETE	2.1 TITL	Æ		☐ Change ☐ Addition	

SIGNATURE			· · · · · · · · · · · · · · · · · · ·		DATE						
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE DATE											
12.	OFFICERS AND DIRECTOR	·	13.	ADDITIONS/CHANGES 10							
TITLE	P	☐ DELETE	1.1 TITLE		☐ Change	Addition]					
NAME	ROYER, JEAN		1.2 NAME								
STREET ADDRESS	117 OCEAN BLVD.	l	1.3 STREET ADDRESS								
CITY-ST-ZIP	HAMPTON BEACH NH 03842		1.4 CITY+ST-ZIP								
TITLE	V	☐ DELETE	2.1 TITLE		☐ Change	☐ Addition					
NAME	CAPUANO, ISAAC		22 NAME		دان مسلمرات الاستان						
STREET ADDRESS	117 OCEAN BLVD.		2.3 STREET ADDRESS								
CITY-ST-ZIP	HAMPTON BEACH NH 03842		2.4 CITY-ST-ZIP								
TITLE	S	☐ DELETE	3.1 TITLE		Change	☐ Addition					
NAME	DECAE, HELENE		3.2 NAME	DECHE, HELENE							
STREET ADDRESS	117 OCEAN BLVD.		3.3 STREET ADDRESS	1	· ·	.]					
CITY-ST-ZIP	HAMPTON BEACH NH 03842		3.4. CITY-ST-ZIP								
TITLE	D	☐ DELETE	4.1 TITLE		Change	Addition					
NAME	CAPUANO, EVA		4, 2 NAME								
STREET ADDRESS	117 OCEAN BLVD.		4.3 STREET ADDRESS								
CITY-ST-ZIP	HAMPTON BEACH NH 03842		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			63 STREET ADDRESS								
CITY-ST-ZIP			6.4 CITY-ST-ZIP								

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR