

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

FILED

May 07 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000054524 (9)

1. Corporation Name

17TH STREET PIZZA CORP.

Principal Place of Business

1990 E. SUNRISE BLVD
FT. LAUDERDALE FL 33304

Mailing Address

1990 E. SUNRISE BLVD
FT. LAUDERDALE FL 33304-1462



3. Date Incorporated or Qualified

06/26/1996

3a. Date of Last Report

2. Principal Place of Business

21 753 S.E. 17th STREET CSWY

Suite, Apt. #, etc.

22 City & State

23 FT LAUDERDALE, FLA

24 Zip 33316

25 Country USA

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 FT LAUDERDALE, FLA

29 Zip 33304

30 Country

4. FEI Number

65-0675780

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

FIELDSTONE, RONALD R
200 S. BISCAYNE BOULEVARD
SUITE 2100
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name ENGSTROM, STUART
82 Street Address (P.O. Box Number is Not Acceptable)
1990 EAST SUNRISE BLVD
83
84 City FT LAUDERDALE FL 85 Zip Code 33304

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

Stuart Engstrom
Signature, typed or printed name of registered agent and title if applicable

STUART ENGSTROM, CONTROLLER 4-28-97

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME CASTELLANO, PAUL J
STREET ADDRESS 1990 E. SUNRISE BLVD
CITY-ST-ZIP FT. LAUDERDALE FL 33304 ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DIRECTOR / VICE PRESIDENT ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ~~OFF~~ DIRECTOR / PRESIDENT ☐ Change ☒ Addition
2.2 NAME CASTELLANO, JOSEPH
2.3 STREET ADDRESS 1990 EAST SUNRISE BLVD
2.4 CITY-ST-ZIP FT LAUDERDALE, FL 33304

3.1 TITLE D/V P ☐ Change ☒ Addition
3.2 NAME CASTELLANO, JOSEPH M
3.3 STREET ADDRESS 1990 EAST SUNRISE BLVD
3.4 CITY-ST-ZIP FT LAUDERDALE, FL 33304

4.1 TITLE D/V P ☐ Change ☒ Addition
4.2 NAME CASTELLANO, JOHN R
4.3 STREET ADDRESS 1990 EAST SUNRISE BLVD
4.4 CITY-ST-ZIP FT LAUDERDALE, FL 33304

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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: *Paul Castellano* PAUL CASTELLANO 4-28-97 954-763-1478

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (9/96)