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Mailing Address

8 SOUTH ATLANTIC AVE.

COCOA BEACH FL 32931-2713

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Jan 27 1997 8:00am

Secretary of State

0102925

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P9600060840 (1)

DALINO'S PIZZA INC.

Principal Place of Business

B SOUTH ATLANTIC AVE.

COCOA BEACH FL 32931

SIGNATURE:

3. Date Incorporated or Qualified 3a. Date of Last Report 07/22/1996 4. FEI Number 139667944 2. Principal Prace of Business 2a. Mailing Address Applied For 21 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired П Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Zıp Zφ Country This corporation has liability for intangible tax under s. 199.032, Yes X No 24 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 PIMENTA, ADELINO HDELINO 9700 HIBISCUS COURT 82 CAPE CANAVERAL FL-92920 83 84 11. Pursuant to the previsions 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. INOTE. Registered Application of the Policed American State of the Indiana Control of the I OFFICERS AND DIRECTORS 12 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. Addition 1016 DELETE 11 TITLE Change RESIDENT Adelino Pimeria 295 GARFIELD AVE. 1.2 NAME STREET ADDRESS 1.3 STREET ADDRESS Cocoa Beach, FL 32931 1.4 CITY-ST-ZIP CITY - ST - ZIP Change Addition TITLE 2.1 TITLE SCERETARY DEBRA PimentA MARKE 2.2 NAME 895 GARFIELD AVENUE SURFET ADDRESS 2.3 STREET ADDRESS CUCOA BEACH, FL 32931 CITY - ST - ZIF 2.4 CITY - ST-ZIP DELFTE Change Addition THE 31 TOTLE 32 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 3.4. CITY - ST - ZIP DELETE Change Addition TIME 4.1 TIFLE NAM: 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-74 4 4 CITY - ST - ZIP DELETE Addition Change THILE 5.1 TITLE 52 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 5.4 CITY-ST-ZIP DELETE 6.1 TITLE Addition TITLE 6.2 NAME NAME STREET ADDRESS **6.3 STREET ADDRESS** 6.4 CITY-ST-ZIP 14. I do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. Hurther 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 13 if changed, or on an attachment with an address.

PRINTED WHIE OF SIGNING OFFICER OR DIRECTOR