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FILED  
Apr 22 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 # PA6000066461  
1. Corporation Name

NORTHALE EXPRESS, INC.

Principal Place of Business

Mailing Address

NORTHALE EXPRESS, INC.  
Hungry Howies Pizza & Subs #294  
15527 North Dale Mabry Highway  
Tampa, FL. 33618-1639

3. Date Incorporated or Qualified  
August 7, 1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 15527 N Dale Mabry Hwy.

26 15527 N Dale Mabry Hwy.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Tampa, FL.

28 Tampa, FL

24 Zip 33618-1639

25 Country Hillsborough

29 Zip 33618-1639

30 Country Hillsborough

4. FEI Number

59-3401627

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

10. Name and Address of New Registered Agent

Robert L. Shear, P.A.  
Rrestige Place, Suite 230  
2600 McCormick Drive  
Clearwater, FL. 34619

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

(Signature, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P/D Frank Arias  
NAME 5914 N Packwood Avenue  
STREET ADDRESS Tampa, FL. 33604  
CITY-STATE-ZIP

DELETE

1.1 TITLE Change Addition

TITLE VP/D  
NAME Lisa Arias  
STREET ADDRESS 5914 N Packwood Avenue  
CITY-STATE-ZIP Tampa, FL. 33604

DELETE

2.1 TITLE Change Addition

TITLE S/T/D  
NAME Georgina T. Giallanza  
STREET ADDRESS 22539 Southshore Drive  
CITY-STATE-ZIP Land-O-Lakes, FL. 34639-4727

DELETE

3.1 TITLE Change Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

DELETE

4.1 TITLE Change Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

DELETE

5.1 TITLE Change Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

DELETE

6.1 TITLE Change Addition

900002152309  
-04/23/97--01091--006  
\*\*\*165.00

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 contained 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 of this report, or on an attachment with an address.

SIGNATURE:

Georgina T. Giallanza

04/08/97

813-996-4353

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)