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

Mailing Address

**PROFIT** CORPORATION ANNUAL REPORT

1999

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90239 027 \*\*\*150.00

**FILED** 

## DOCUMENT # P96000074948

OAKWOOD PLAZA PIZZA SYSTEMS, INC.

100 SE 2ND STREET STE 2620 MIAMI FL 33131		100 SE 2ND STREET STE 2620 MIAMI FL 33131		DO NOT WRITE IN THIS	SPACE				
						3. Date Incorporated or Qualifed 09/10/1996			
2. Principal Place of Business 2a. Mailing Address						4. FEI Nur iber		Applied For	
21		26				65-0699184	1	Not Applicable	
Suite, Apt. 1	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Ad titional Fee Required		
22       27         City & State       City & State         23       28						6. Electior Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip	Country Zip		Country			8. This co poration owes the current year lin	angible		
24	25	29	30			Personal Property Tax.	Yesزي	No _	
<u></u>	9. Name and Address of Current 9					10. Name and Address of New Registered	Agent		
			1	31	Name				
LERMAN, CARLOS D ESQ. 100 SE 2ND STREET STE 2620				32	Street Ad ire	iress (P.O. Box Number is Not Acceptable)			
MIAMI FL 33131				33					
			8	34	City	FL	85 Zi	p Code	
SIGNATURE	Signature, typed or printed naine of registered agent at	nd title if applicable. (NOT:	: Registered A	gent :	signature required	when reinstaling) DATE			
12.	OFFICERS AND DIRECTORS 13.		13.	13.		ADDITIONS/CHANGES TO OFFICERS A	4D DIREC		
TITLE	D	☐ DELETE	1.1 TITL	E		<del></del>	Chang	e 🗌 Additio	
NAME	WEINKLE, BARNEY		1.2 NAME		İ				
STREET ADDRESS	AND OF THE OTHER OFF CORE		1.3 STREET ADDRESS		ADDRESS				
CITY-ST-ZIP MIAMI FL 33131			1.4 CITY-ST-ZIP		- ZIP				
TITLE.	,,,,,, p. 1 E 00101	☐ DELETE	2.1 TITL				Chang	e Additio	
NAME		_	2.2 NAME						
STREET ADDRESS				2 3 STREET ADDRESS					
CITY-ST-ZIP			2. 4 CIT						
TITLE				3.1 TITLE			Chang	e 🔲 Additio	
NAME	3.2 N		3.2 NAM	3.2 NAME					
STREET ADDRESS			3.3 STR	EET/	ADDRESS				
CITY-ST-ZIP			3 4. CIT						
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NAME			4, 2 NA	ИE					
STREET ADDR :SS					ADDRESS				
			4.5 STN						
CITY-ST-ZIP		☐ DELETE	5,1 TITL				[] Chang	e Additio	

14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.C7(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplementa annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that am an office or director of the corporation or the receiver or trustee empowered to execute this report as required by Chap er 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.

5.2 NAME

61 TITLE

62 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

**SIGNATURE** 

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDF ESS

CITY-ST-ZIP

CITY-ST-ZIP

☐ DELETE

3051539-5144

CR2E034 (11/98)

Addition

Change