

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

045783

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000077222

1. Corporation Name

SNL PIZZA, INC.

Principal Place of Business

29 N. BROADWAY
SALEM NH 03079

Mailing Address

29 N. BROADWAY
SALEM NH 03079

2. Principal Place of Business

21 910 E. Cape Coral Parkway
Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc

27

City & State

23 Cape Coral FL
Zip 33904 Country 25

28 City & State

29 Zip

Country
[30]

9. Name and Address of Current Registered Agent

MURANO, ANIELLO
910 E. CAPE CORAL PARKWAY
CAPE CORAL FL 33904

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 signature required when resending)

DATE

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

03/03/99 01026-008
****150.00 ****150.00
[] Change [] Addition

CR2E034 (11/98)

12.	OFFICERS AND DIRECTORS	[] DELETE	13.	11 TITLE	[] Change [] Addition
TITLE	D		12 NAME		
NAME	LUPOLI, SALVATORE		13 STREET ADDRESS		
STREET ADDRESS	29 N. BROADWAY		14 CITY-ST-ZIP		
CITY-ST-ZIP	SALEM NH 03079		21 TITLE		
TITLE	D	[] DELETE	22 NAME		
NAME	LUPOLI, NICK		23 STREET ADDRESS		
STREET ADDRESS	29 N. BROADWAY		24 CITY-ST-ZIP		
CITY-ST-ZIP	SALEM NH 03079		31 TITLE		
TITLE		[] DELETE	32 NAME		
NAME			33 STREET ADDRESS		
STREET ADDRESS			34 CITY-ST-ZIP		
CITY-ST-ZIP			41 TITLE		
TITLE		[] DELETE	42 NAME		
NAME			43 STREET ADDRESS		
STREET ADDRESS			44 CITY-ST-ZIP		
CITY-ST-ZIP			51 TITLE		
TITLE		[] DELETE	52 NAME		
NAME			53 STREET ADDRESS		
STREET ADDRESS			54 CITY-ST-ZIP		
CITY-ST-ZIP			61 TITLE		
TITLE		[] DELETE	62 NAME		
NAME			63 STREET ADDRESS		
STREET ADDRESS			64 CITY-ST-ZIP		
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(e)(1), 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

2/15/99

(603) 894-7396

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