NOW: FILING FEE AFTER MAY 1 IS $550.00

~~AMENDED~~ PROFIT CORPORATION ANNUAL REPORT 1997

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

FILED
97 AUG -8 AM 8:43
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P96000082601 (1)

1. Corporation Name
THE GRAPEVINE PIZZA, SUBS AND SALADS, INC.

Principal Place of Business
2677 FORREST HILL BLVD.
WEST PALM BEACH FL 33406

Mailing Address
2677 FORREST HILL BLVD.
WEST PALM BEACH FL 33406-5930

3. Date Incorporated or Qualified: 10/07/1996
3a. Date of Last Report:

4. FEI Number: 65-0699344 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business
21
Suite, Apt #, etc
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

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
AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent
31 Name: Jerome J. Blitzer
32 Street Address (P.O. Box Number is Not Acceptable): 2677 Forrest Hill Blvd.
33
34 City: WPB FL 35 Zip Code: 33406

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: President DATE 8/1/97

Signature, typed or printed name of registered agent and title if applicable. (Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPST ☐ DELETE	1.1 TITLE	☒ Change ☐ Addition
NAME	~~TRINGERI, LILLIAN V~~ Blitzer, Jerome J.	1.2 NAME	zipcode to
STREET ADDRESS	2677 FORREST HILL BLVD.	1.3 STREET ADDRESS	33406
CITY-ST-ZIP	WEST PALM BEACH FL 33460	1.4 CITY-ST-ZIP	
TITLE	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

700002264307--9
-08/12/97--01038--008
*****61.25 *****61.25

CR2E034 (9/96)

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: President 561-968-4088

Signature and Typed or Printed Name of Signing Officer or Director | Date 8/1/97 | Daytime Phone #

0000978