

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MAXIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED

97 OCT 14 AM 8:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P96000083948 (5)

1. Corporation Name  
BROTHERS PIZZA INC.

Principal Place of Business

Mailing Address

P.O. BOX 1424  
LADY LAKE FL 32159  
132 LADY LAKE PLAZA  
LADY LAKE FL 32159

P.O. BOX 1424  
LADY LAKE FL 32159  
32158

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/01/1996	3a. Date of Last Report
4. FEI Number 593402850	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
10. Name and Address of New Registered Agent	

2. Principal Place of Business

2a. Mailing Address

21 132 LADY LAKE PLAZA  
Suite, Apt. #, etc.  
22 City & State  
23 Lady Lake  
Zip  
24 32159  
Country

26 Suite, Apt. #, etc.  
27 City & State  
28 Zip  
29 32158  
Country

9. Name and Address of Current Registered Agent

HINERMAN, FRANCIS W  
132 LADY LAKE PLAZA  
HWY 441/27  
LADY LAKE FL 32159

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code  
FL

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	HINERMAN, FRANCIS W	
STREET ADDRESS	132 LADY LAKE PLAZA HWY 441/27	
CITY-ST-ZIP	LADY LAKE FL 32159	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P. HINERMAN, Francis P.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	10649 SE. 141 AVE RD	
1.3 STREET ADDRESS	Ocklawaha FL 32179	
1.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE		
2.2 NAME	600002321916-9	
2.3 STREET ADDRESS	-10/16/97--01060--011	
2.4 CITY-ST-ZIP	****165.00 ****165.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE		
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE		
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE		
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE		
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

CR2E034 (4/97)

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**BROTHER'S PIZZA  
P.O. BOX 1424  
LADY LAKE, FL. 32158  
(352) 753-0042**

OCTOBER 4, 1997

FLORIDA DEPARTMENT OF STATE

ATTN: REINSTATEMENT DEPT.

As per our conversation, 10-3-97, the following is letter of explanation you requested, along with check for \$ 165.00. Due to construction of a new post office here in Lady Lake, the mail here has been inconsistent for quite some time. We never recieved our first notice of this bill, nor did we receive the second notice until October 3, just prior to my phone call to your office. The only reasonable explanation for this mix up is the moving of the post office. I have had a few other problems with other companies but have managed to get them straightened out. With the bills that come in regularly I can keep track, and call if something is not recieved in standard time, but with this, I had no way of knowing that it hadn't arrived. Again, my apologies for the delay, and thank you for your promptness in helping me resolve this problem. The new post office has been completed, and this has been the first week that I did not receive at least three other peoples mail in my box, so things are looking up!

Thank you for your time,

Alison B. Hinerman  
Brother's Pizza