

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1998**



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

FILED  
Jul 28 1998 8:00am  
Secretary of State

DOCUMENT # **P96000084042 (6)**  
1. Corporation Name

**PEPPE'S PIZZA, PASTA & SUBS, INC.**



Principal Place of Business

**775 S BABCOCK ST  
MELBOURNE FL 32901  
US**

Mailing Address

**775 S BABCOCK ST  
MELBOURNE FL 32901  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**10/07/1996**

4. FEI Number

**59-3411907**

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30.



Yes



No

2. Principal Place of Business

**21** Suite, Apt. #, etc

**22** City & State

**23** Zip

**25** Country

2a. Mailing Address

**26** Suite, Apt. #, etc.

**27** City & State

**28** Zip

**30** Country

9. Name and Address of Current Registered Agent

**CALAMARO, MARIO  
775 S. BABCOCK STREET  
MELBOURNE FL 32901**

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 signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	DELET	DELET
NAME	<del>FICALORA, CARLO</del>		
STREET ADDRESS	<del>1801 77TH STREET</del>		
CITY-STATE-ZIP	<del>BROOKLYN NY 11214</del>		
TITLE	D	DELET	DELET
NAME	<del>FICALORA, ANNA</del>		
STREET ADDRESS	<del>1801 77TH STREET</del>		
CITY-STATE-ZIP	<del>BROOKLYN NY 11214</del>		
TITLE	D	DELET	DELET
NAME	CALAMARO, MARIO		
STREET ADDRESS	3857 ST. AMENS CIRCLE		
CITY-STATE-ZIP	MELBOURNE FL 32940		
TITLE	D	DELET	DELET
NAME	<del>BIZZARRO, PETER</del>		
STREET ADDRESS	<del>505 SEABREEZE DR.</del>		
CITY-STATE-ZIP	<del>INDIAN LANTIC FL 32903</del>		
TITLE	D	DELET	DELET
NAME	PONTILLO, DIAGGIO		
STREET ADDRESS	443 SHERWOOD AVENUE		
CITY-STATE-ZIP	SATELITE BEACH FL 32937		
TITLE		DELET	DELET
NAME			
STREET ADDRESS			
CITY-STATE-ZIP			

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-STATE-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-ZIP	

**500002603696**  
**-07/31/98--01012--045**  
**\*\*\*150.00**

14. I 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

CR2E034 (5/98)

July 15, 1998


(2)

Florida Department of State  
Division of Corporations  
P.O.Box 6327  
Tallahassee, Florida 32314

To Whom It May Concern:

Persuant to your telephone directive on July 7, 1998, we hereby state that we did not receive the 1998 Profit Corporation Annual Report prior to this date for Peppe's Pizza, Pasta & Subs, Inc. Enclosed is your 2nd Notice Annual Report with our check in the amount of \$150.00.

Sincerely,



Mario Calamaro  
President