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

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000094028 (3)

SAN JOSE PIZZA, INC.

SIGNATURE:

**FILED** Apr 16 1998 8:00am Secretary of State

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Principal Place of Business Mailing Address						1	S CONTENDER CON INSTANCEMENT ENGINE MASSES MANIEMENT DESIGN	IURII ORBIA UDIIO I	(1901 1911 1901			
9825 SAN JOSE BLVD 9825 SAN JOSE BLVD												
UNIT 30	ILLE FL 32257			UNIT 30 JACKSONVILLE FL 32:	367			DO NOT WRITE IN THIS SPACE				
PHOROUTE	ILLE 1 L 92237			PHONOCHITICLE PL 32	291			3. Date Incorporated or Qualified				
									11/14/1996		ł	
2. Principal	Place of Busin	ness	28	Mailing Address				4.	FEI Number	A	pplied For	
21			26					<u> </u>	59-3410593	<del> </del>	ot Applicable	
Suite, Apt	t. #, etc.		ļ.,	Suite, Apt. #, etc.				Б.	Certificate of Status Desired	·	Additional	
City & Sta	ate		27	City & State				+-	Floring Occupies Financia		beriupe	
23	210		28	Ony & State				••	Election Campaign Financing  Trust Fund Contribution		May Be to Fees	
Žιρ		Country		Zip	Cou	intry	<del></del>	8.	This corporation owes or has paid the o			
24		25	29		30				Personal Property Tax due June 30.		□ No	
		and Address of Curre	nt Regis	stered Agent		L.,		10.	Name and Address of New Registers	d Agent		
	SHEAR, ROB					B1	Name				1	
		NMICK DRIVE				82	Street Addre	ess (F	P.O. Box Number is Not Acceptable)			
	SUTIE 230	<b>5.5</b> 1.5.44.4				63				<del></del> -		
C	CLEARWATE	R FL 34619				83					ŀ	
						84	City		F	<b>85</b> Zip	Code	
11 Pursuan	t to the provis	ions of Sections 607 05	02 and f	SO7 1508, Florida Stat	utes the a	hove	a-named corpo	oratio	on submits this statement for the purpose	<u> </u>	its registered	
office or	registered ac	ent, or both, in the State	of Flori	ida. Such change was	authorize	d by	the corporation	on's t	board of directors. I hereby accept the a	ppointment as	registered	
		ith, and accept the oblig	auons c	n, section 607.0505, i	-iorida Sia	lules	s.				Į.	
SIGNATURE	Signature, typed	or printed name of registered ag	ent and title	e il applicable (NO	OTE: Registere	d Age	ent signature require	od when	n reinstating) DATE			
12.		OFFICERS AN	ID DIRE		13.				ADDITIONS/CHANGES TO OFFICERS A			
TITLE	DPST	011010707177		☐ DELETE	1.1 T	TLE				Change	Addition	
NAME	1 0000	CHRISTOPHER A			1.2 N							
STREET ADORESS		AYSIDE DR.					ADDRESS				Į.	
CITY-ST-ZIP	NEWP	ORT RICHEY FL		☐ DELETE			T-ZIP			☐ Change	Addition	
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STREET ADDRESS	\$ <b> </b>				4.3 \$	TREET	ADDRESS					
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NAME					5.2 N		4000000					
STREET ADDRESS	<u>'</u>						ADDRESS					
CITY-ST-ZIP TITLE	+			DELETE	5.4 C		ST- ZIP			☐ Change	Addition	
NAME				- Detert	6.1 N							
STREET ADDRESS							ADDRESS				-	
CITY-ST-ZIP							T-ZIP				1	

14. Thereby 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.

Christopher A. Smith 01/20/1998

Christopher A. Smith 01/20/1998

1-904-260-7000