

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

FILED
May 11 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P97000003694 (1)**

1. Corporation Name

BROTHERS NEW YORK STYLE PIZZA, INC.



Principal Place of Business

Mailing Address

**777 DELTONA BLVD
SUITE 8
DELTONA FL 32725**

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SUITE 8
DELTONA FL 32725**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/14/1997

4. FEI Number

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

21 915 Sand Lake Rd

2a. Mailing Address

26 915 Sand Lake Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Altamonte Springs, FL

City & State

28 Altamonte Springs, FL

Zip

County

24 32714

25 USA

Zip

29 32714

County

30 USA

9. Name and Address of Current Registered Agent

**HARRISON, CHARLES R
1400 W FAIRBANKS AVE
SUITE 203
WINTER PARK FL 32789**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 Suite 204

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** ☒ DELETE

NAME **VEGA, JOHN**
STREET ADDRESS **1849 CROWLEY CIRCLE**
CITY-ST-ZIP **LONGWOOD FL 32779**

TITLE **D** ☐ DELETE

NAME **VEGA, FREDDY**
STREET ADDRESS **694 JAMESTOWN BLVD SUITE 2280**
CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32714**

TITLE **D** ☐ DELETE

NAME **VEGA, IVAN**
STREET ADDRESS **1849 CROWLEY CIRCLE**
CITY-ST-ZIP **LONGWOOD FL 32779**

TITLE **D** ☐ DELETE

NAME **PERSAUD, GERALD**
STREET ADDRESS **694 JAMESTOWN BLVD SUITE 2280**
CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32714**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **President, Director** ☐ Change ☒ Addition

1.2 NAME **Andrew Persaud**
1.3 STREET ADDRESS **653 Jamestown Blvd, Ste 2113**
1.4 CITY-ST-ZIP **Altamonte Springs, FL 32714**

2.1 TITLE **Director** ☐ Change ☒ Addition

2.2 NAME **William Vega**
2.3 STREET ADDRESS **1045 Lucerne Way**
2.4 CITY-ST-ZIP **Apopka, FL 32703**

3.1 TITLE **Director** ☒ Change ☐ Addition

3.2 NAME **Vega, Juan**
3.3 STREET ADDRESS **623 Dorey Lane, Apt 109**
3.4 CITY-ST-ZIP **Altamonte Springs, FL 32714**

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 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(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 (10/97)