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Apr 28 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998

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

DOCUMENT # P97000006276

1. Corporation Name
MARIA'S ITALIAN PIZZERIA, INC.

Principal Place of Business / Mailing Address
5000 N Ocean Blvd.
Ste. 1209
Ft Lauderdale, FL 33309

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 1/22/97

2. Principal Place of Business
21 4739 N Ocean Dr.
22 Suite, Apt. #, etc.
23 City & State: Ft Lauderdale, FL
24 Zip: 33308 25 Country: USA

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

4. FEI Number: 65-0724223 ☐ 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

9. Name and Address of Current Registered Agent

GROSSFELD, SERIL L. Esq.
8 SE 8th ST.
Ft Lauderdale, FL 33316

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		☐ DELETE	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		☐ Change ☒ Addition
TITLE	D		11 TITLE	P	
NAME	TOCCO, MARIE A.		12 NAME	TOCCO, MARIE A.	
STREET ADDRESS	5000 N Ocean Blvd., #1209		13 STREET ADDRESS	5000 N Ocean Blvd. #1209	
CITY-ST-ZIP	Ft Lauderdale, FL 33308		14 CITY-ST-ZIP	Ft Lauderdale, FL 33308	
TITLE	D	☐ DELETE	21 TITLE	S/T	☐ Change ☒ Addition
NAME	DeFILIPPO, ANTHONY P		22 NAME	DeFILIPPO, ANTHONY P.	
STREET ADDRESS	2522 Rio Plato Dr		23 STREET ADDRESS	2522 Rio Plato Dr	
CITY-ST-ZIP	Punta Gorda, FL 33950		24 CITY-ST-ZIP	Punta Gorda, FL 33950	
TITLE		☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME			32 NAME		
STREET ADDRESS			33 STREET ADDRESS		
CITY-ST-ZIP			34 CITY-ST-ZIP		
TITLE		☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME			42 NAME		
STREET ADDRESS			43 STREET ADDRESS		
CITY-ST-ZIP			44 CITY-ST-ZIP		
TITLE		☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

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CR2E034 (10/97)

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: _____ MARIE A. TOCCO, President 4/20/98 954/781-1238
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #