

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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P97000006276

1. Corporation Name

MARIA'S ITALIAN PIZZERIA INC.

99 MAR 18 AM 10:00
 STATE OF FLORIDA
 TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

4739 NORTH OCEAN DR.

FT. LAUDERDALE FL 33308

DID NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

1-22-97

4. FEI Number

65-0724223

Applied For

Not Applicable

5. Certificate of Status Declared

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax Yes No

10. Name and Address of New Registered Agent

2. Principal Place of Business

2a. Mailing Address

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

26. Suite, Apt. #, etc.

22. City & State

27. City & State

23. Zip Country

28. Zip Country

24. [25]

29. [30]

9. Name and Address of Current Registered Agent

*SPERL Grossfeld
 8 SE 8 ST
 FT. LAUDERDALE FL 33316*

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 the corporation

(NOTE: Registered Agent's name is required for all corporations)

DATE

12. OFFICERS AND DIRECTORS

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
 NAME
 STREET ADDRESS
 CITY, ST, ZIP
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 STREET ADDRESS
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 NAME
 STREET ADDRESS
 CITY, ST, ZIP

*DIRECTOR, P/SIT
 MARIE TOCCE
 3000 N. OCEAN BLVD 1208
 FT. LAUDERDALE FL 33108
 DIRECTOR
 ANTHONY DE FILIPPO
 2522 RIO PLATO DR.
 BUNTA GORDA FL 33450*

TITLE
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 ****150.00 ****150.00

14. I hereby certify that the information supplied with this filing does not qualify for the corporation's status under the 119(b)(3) Florida Statutes. I further certify that the information indicated on this annual report or supplementary report is true and correct and that I am a duly qualified officer or director of the corporation or the receiver or trustee empowered to execute this report in response to Chapter 607, Florida Statutes, and that my name is in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like employees.

SIGNATURE: *X Marie Tocce - President*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/99 954-781-3021

CR2E034 (1/199)