

**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).

**FILED**  
**Aug 07 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 # P97000018444 (4)**

1. Corporation Name  
**CARMELA'S PIZZERIA, INC.**



Principal Place of Business  
**5242 CANAL CIRCLE WEST LAKE WORTH FL 33467**

Mailing Address  
**5242 CANAL CIRCLE WEST LAKE WORTH FL 33467**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**02/24/1997**

2. Principal Place of Business

21 **7110 So. Military Tr**  
 Suite, Apt. #, etc.  
 22 **Bay 5**  
 City & State  
 23 **Lake Worth, FL**  
 Zip Country  
 24 **33467** 25 **USA**

2a. Mailing Address

26 **7110 So. Military Tr**  
 Suite, Apt. #, etc.  
 27 **Bay 5**  
 City & State  
 28 **Lake Worth, FL**  
 Zip Country  
 29 **33467** 30 **USA**

4. FEI Number

**650730017**

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

**CASELLA, MARY**  
**5242 CANAL CIRCLE WEST**  
**LAKE WORTH FL 33467**

10. Name and Address of New Registered Agent

81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City  
 85 Zip Code **FL**

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	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>CASELLA, MARY</b>
STREET ADDRESS	<b>5242 CANAL CIRCLE WEST</b>
CITY-ST-ZIP	<b>LAKE WORTH FL 33467</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>CASELLA, JAMES</b>
STREET ADDRESS	<b>2735 DONNELLY ROAD</b>
CITY-ST-ZIP	<b>LANTANA FL 33462</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Wojciechowski, Mary Casella</b>
1.3 STREET ADDRESS	<b>5242 Canal Circle W.</b>
1.4 CITY-ST-ZIP	<b>LAKE WORTH, FL 33467</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>200002612462</b>
6.3 STREET ADDRESS	<b>-08/11/98--01020--044</b>
6.4 CITY-ST-ZIP	<b>***150.00</b>

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.

CR2E034 (5/98)

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CARMELA'S PIZZERIA  
7110 S. MILITARY TRAIL  
LAKE WORTH, FL 33467  
(561) 433-5100

To Whom It May Concern:

Enclosed is a check for \$150.00 (one hundred fifty dollars) for the 1998 Profit Corporation Annual Report Packet.

Please accept the check for \$150.00. We did call and were advised to go ahead and send the \$150.00 check with an explanation as to why we didn't send it in earlier. We never received the first notice.

Your cooperation is very much appreciated.

Thank You,



Mary C. Wojciechowski  
President