

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 # **P97000051414**

1. Corporation Name  
**PENINSULA PIZZA, INC.**

Principal Place of Business

**37 E. HUDSON ST  
COLUMBUS OH 43202**

Mailing Address

**37 E. HUDSON ST  
COLUMBUS OH 43202**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

30

9. Name and Address of Current Registered Agent

**THOMAS, DONALD J  
4730 N.W. BOCA RATON BOULEVARD  
BOCA RATON FL 33431**

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 title if applicable

(NOTE: Registered Agent signature required when first filing)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** [DELETE]  
NAME **ROSCHMAN, ROBERT**  
STREET ADDRESS **5651 NW 29TH STREET**  
CITY-STATE-ZIP **MARGATE FL 33063**

TITLE **D** [DELETE]  
NAME **ROSCHMAN, JEFFREY**  
STREET ADDRESS **5651 NW 29TH STREET**  
CITY-STATE-ZIP **MARGATE FL 33063**

TITLE **D** [DELETE]  
NAME **LAWRENCE, DAVID**  
STREET ADDRESS **13905 W DIXIE HWY**  
CITY-STATE-ZIP **MIAMI FL 33161**

TITLE **D** [DELETE]  
NAME **LAWRENCE, DON**  
STREET ADDRESS **13905 W DIXIE HWY**  
CITY-STATE-ZIP **MIAMI FL 33161**

TITLE [DELETE]  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE [DELETE]  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE **Treasurer** [Change] [Addition]  
12 NAME **Henry R. Szabo**  
13 STREET ADDRESS **37 E. Hudson St.**  
14 CITY-STATE-ZIP **Columbus, OH 43202**

21 TITLE [Change] [Addition]  
22 NAME  
23 STREET ADDRESS  
24 CITY-STATE-ZIP

31 TITLE [Change] [Addition]  
32 NAME  
33 STREET ADDRESS  
34 CITY-STATE-ZIP

41 TITLE [Change] [Addition]  
42 NAME  
43 STREET ADDRESS  
44 CITY-STATE-ZIP

51 TITLE [Change] [Addition]  
52 NAME  
53 STREET ADDRESS  
54 CITY-STATE-ZIP

61 TITLE [Change] [Addition]  
62 NAME  
63 STREET ADDRESS  
64 CITY-STATE-ZIP



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**06/09/1997**

4. FFI Number

**58-2330012**

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 for current year Intangible  
Personal Property Tax [ ] Yes [ ] No

10. Name and Address of New Registered Agent

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, with all other like empowered

SIGNATURE:

**Henry R. Szabo, CPO**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/14/99**

**614-447-9100**

CR2E034 (11/98)