


FILED
Apr 06, 1999 8:00 am
Secretary of State

04-06-1999 90014 041 ***158.75

PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P97000057347 1. Corporation Name C & H PIZZA COMPANY, INC.			
Principal Place of Business 3830 S. NOVA RD. PORT ORANGE FL 32127		Mailing Address 742 HUNTCLUB TR. PORT ORANGE FL 32127	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 Suite/Apt. #, etc. 27 City & State 28 Zip Country	
21 22 23 24		26 27 28 29 30	
9. Name and Address of Current Registered Agent SANTOS, PABLO J CO LA MIRADA PLAZA 3501 W. VINE ST. SUITE 280 KISSIMMEE FL 34741		10. Name and Address of New Registered Agent 81 Name Jose L Cruz 82 Street Address (P.O. Box Number is Not Acceptable) 742 Hunt Club Trail 83 84 City Port Orange FL 85 Zip Code 32127	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD <input checked="" type="checkbox"/> DELETE NAME HOWELL, RAYMOND L STREET ADDRESS 567 TOUCH TONE CIRCLE CITY-ST-ZIP PORT ORANGE FL 32127		<input type="checkbox"/> Change <input type="checkbox"/> Addition 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	
TITLE DTVP <input type="checkbox"/> DELETE NAME CRUZ, JOSE L STREET ADDRESS 742 HUNT CLUB TR. CITY-ST-ZIP PORT ORANGE FL 32127		2.1 TITLE President + Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
TITLE S <input type="checkbox"/> DELETE NAME CRUZ, GLENDA STREET ADDRESS 742 HUNT CLUB TR. CITY-ST-ZIP PORT ORANGE FL 32127		3.1 TITLE Vice President + Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 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, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #