

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

FILED  
May 11 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000063194 (9)  
1. Corporation Name  
NEW YORK PIZZA DELIVERY, INC.



Principal Place of Business 777 DELTONA BLVD SUITE 8 DELTONA FL 32725	Mailing Address 777 DELTONA BLVD SUITE 8 DELTONA FL 32725
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 723 N. Atlantic Ave Suite, Apt. #, etc. 22 City & State 23 Daytona Beach, FL Zip 24 32118		2a. Mailing Address 26 915 Sand Lake Rd Suite, Apt. #, etc. 27 City & State 28 Altamonte Springs Zip 29 32714		3. Date Incorporated or Qualified 07/22/1997	
25 USA		30 USA		4. FEI Number 06-1504974 Applied For Not Applicable	
9. Name and Address of Current Registered Agent HARRISON, CHARLES R 1400 WEST FAIRBANKS AVE SUITE 230 WINTER PARK FL		10. Name and Address of New Registered Agent		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83 Suite 204	
84 City	85 Zip Code FL 32789

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	0 VEGA, IVAN <input type="checkbox"/> DELETE	1.1 TITLE	President, Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VEGA, IVAN	1.2 NAME	Andrew Persaud
STREET ADDRESS	615 RIVERVIEW BLVD	1.3 STREET ADDRESS	655 Jamestown Blvd, Ste 2113
CITY-ST-ZIP	DAYTONA BEACH FL 32118	1.4 CITY-ST-ZIP	Altamonte Springs, FL 32714
TITLE	0 VEGA, FREDDY <input type="checkbox"/> DELETE	2.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VEGA, FREDDY	2.2 NAME	Vega, William
STREET ADDRESS	604 JAMESTOWN BLVD, STE 2280	2.3 STREET ADDRESS	1045 Lucerne Way
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32174	2.4 CITY-ST-ZIP	Apopka, FL 32703
TITLE	0 PERSAUD, GERALD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PERSAUD, GERALD	3.2 NAME	
STREET ADDRESS	604 JAMESTOWN BLVD, STE 2280	3.3 STREET ADDRESS	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32174	3.4 CITY-ST-ZIP	
TITLE	0 VEGA, WILLIAM <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VEGA, WILLIAM	4.2 NAME	
STREET ADDRESS	723 NORTH ATLANTIC AVE, STE E	4.3 STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BEACH FL 32118	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, upon an attachment with an address.

SIGNATURE \_\_\_\_\_

CR2E034 (10/97)