

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

FILED
Mar 24 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P97000082727 (3)**

1. Corporation Name

SEMPRE PIZZA, INC.

Principal Place of Business

**5738 N.W. 48TH COURT
CORAL SPRINGS FL 33067**

Mailing Address

**5738 N.W. 48TH COURT
CORAL SPRINGS FL 33067**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/22/1997

4. FEI Number

Applied For

☒ Not Applicable

Additional

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May Be

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☐ No

Code

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registered

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☐ Change ☐ Addition

☐ Change ☐ Addition

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2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

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g. Name and Address of Current Registered Agent

**DIFATTA, VINCENT
5738 N.W. 48TH COURT
CORAL SPRINGS FL 33067**

81 Nar

82 Stre

83

84 City

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named office or registered agent, or both, in the State of Florida. Such change was authorized by the 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 sign)

12. OFFICERS AND DIRECTORS

TITLE **PSTD** ☐ DELETE
NAME **DIFATTA, VINCENT**
STREET ADDRESS **5738 N.W. 48TH COURT**
CITY-ST-ZIP **CORAL SPRINGS FL 33067**

TITLE ☐ DELETE
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13.
1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 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.

SIGNATURE

Vincent Difatta

Corp is inactive
have not filed for
Federal ID Number
At this time.

CR2E034 (10/97)