

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

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90137 019 ***150.00

DOCUMENT # P97000083594

1. Corporation Name

NEW YORK PIZZA DELIVERY ALTAMONTE, INC.

Principal Place of Business

915 SAND LAKE ROAD
ALTAMONTE SPRINGS FL 32714
US

Mailing Address

915 SAND LAKE RD
ALTAMONTE SPRINGS FL 32714
US

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

29 30

3. Date Incorporated or Qualified

09/26/1997

4. FEI Number

59-3471529

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 the current year Intangible
Personal Property Tax.

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HARRISON, CHARLES R
1400 W FAIRBANKS AVENUE
SUITE 204
WINTER PARK FL 32789

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME VEGA, IVAN
STREET ADDRESS 623 DORY LANE, APT 109
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714

TITLE D ☐ DELETE

NAME VEGA, WILLIAM
STREET ADDRESS 1045 LUCERNE WAY
CITY-ST-ZIP APOPKA FL 32703

TITLE D ☒ DELETE

NAME VEGA, WILLIAM
STREET ADDRESS 2476 PRIMERO DRIVE
CITY-ST-ZIP KISSIMMEE FL 34746

TITLE D ☐ DELETE

NAME PERSAUD, GERALD
STREET ADDRESS 694 JAMESTOWN BLVD, STE 2260
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714

TITLE PD ☐ DELETE

NAME PERSAUD, ANDREW
STREET ADDRESS 653 JAMESTOWN BLVD STE 2113
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME Vega Ivan
1.3 STREET ADDRESS 107 Northwood Drive
1.4 CITY-ST-ZIP Longwood, FL 32779

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME V.D.S
2.3 STREET ADDRESS Vega, Freddy
2.4 CITY-ST-ZIP 641 Jamestown Blvd. Apt 1144
Altamonte Springs, FL 32714

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME Persaud, Gerald
4.3 STREET ADDRESS 623 Jamestown Blvd, Apt 2238
4.4 CITY-ST-ZIP Altamonte Springs, FL 32714

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME P.T.D
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/99

407-786-5041

CR2E034 (11/98)