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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000087214 (7)

NEW YORK PIZZA DELIVERY LONGWOOD, INC.

. (CONTROL (TO TOTAL) CONTROL CONTR

FILED

May 11 1998 8:00am

Secretary of State

Principal Place	a of Business	Mailing Address		
777 DELTONA BOULEVARD 777 DELTONA BOULEVAR			D	
SUITE 8 SUITE 8			DO NOT WRITE IN THE OPAGE	
DELTONA FL	32725	DELTONA FL 32725		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified
				10/09/1997
	ace of Business	2a. Mailing Address	1 01	4. FEI Number Applied For
	State local 434 Wast		ike Rd	59-347-2825 Not Applicable
Suite, Apt.	#, Q IC.	Suite, Apt. #, etc.		5. Certificate of Status Desired See Regulred Fee Regulred
City & State City & State				Election Campaign Financing \$5.00 May Be
23 Longwood, 16 28 Altanonte			Springs	Trust Fund Contribution Added to Fees
Zip Country Zip			Coupling	8. This corporation owes or has paid the current year Intangible
24 3279	SO 25 O S 1 9. Name and Address of Current F	+	OSA	Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent
LIAI		registered Agent	81 Name	10. Name and Address of New Registered Agent
	rrison, Charles R 30 West Fairbanks avenue			
SUITE 203			82 Street	Address (P.O. Box Number is Not Acceptable)
WINTER PARK FL			83	ite 204
			84 City	or 7in Codo
			,	FL ** 3°2589
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 is	ALOTE A STATE OF THE STATE OF T	B. San J.	
12.	OFFICERS AND [Registered Agent signature 13.	required when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	☐ DELETE	1.1 TITLE	President, Director Change Addition
NAME	V EGA, IVAN		1.2 NAME	Andrew Persond .
STREET ADDRESS	623 DORY LANE APT 109		1.3 STREET ADDRESS	653 James town Block, ste 2113
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 3271		1.4 CHY-ST-ZIP	Alfamente Springs, FL 32714
TITLE	D SECTION OF THE PROPERTY OF T	[]] DELETE	2 1 TITLE	Change Addition
NAME	VEGA, FREDDY 694 JAMESTOWN BOULEVARD.	CHITE GOOD	2 2 NAME	Vega, William 1045 Lucerne Way
STREET ADDRESS	ALTAMONTE SPRINGS FL 3271		2.3 STREET ADDRESS	1045 Luceine WAY
CITY-ST-ZIP TITLE	D	DELETE	2 4 CITY-ST-ZIP 3 1 TRILE	Apopku, FL 32703 Change Addition
NAME	VEGA, WILLIAN		3.2 NAME	
STREET ADDRESS	2476 PRIMERO DRIVE		3.3 STREET ADDRESS	
CITY-ST-ZIP	KISSIMMEE FL 34748		3.4. CITY - ST - ZIP	
TITLÉ	D	☐ DELETE	4.1 TITLE	Change Addilion
NAME	PERSAUD, GERALD	A11	4. 2 NAMÉ	
STREET ADDRESS	694 JAMESTOWN BOULEVARD		4.3 STREET ADDRESS	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 3271	· · · · · · · · · · · · · · · · · · ·	4.4 C(TY - \$1 - ZIP	
TITLE		DELETE	5.1 THTLE	Change Addition
NAME CIDEET ADDOCCO			5.2 NAME	
STREET ADDRESS City-St-Zip			5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	
TITLE	<u> </u>	☐ DELETÉ	6.1 TITLE	Change Addition
NAME			6.2 NAME	A COUNTY COUNTY
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY - ST - ZIP	
14. I hereby o	ertify that the information supplied with	this filing does not qualify for	the exemption state	d in Section 119.07(3)(i), Florida Statutes. I further certify that the information
officer or o	director of the corporation or the receive	or thistee empowered to ex	rate and mat my sign recute this report as	required by Chapter 607, Florida Statutes; and that my name appears in
indicated on this annual report or supplemental arrunal 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 distee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if charmaged, or organ attachment with an address.				