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FILED
May 04 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 # **P97000089703 (7)**

1. Corporation Name

PIZZERIA REGINA OF FLORIDA, INC.

Principal Place of Business

**STONEHILL CORPORATE CENTER
999 BROADWAY, SUITE 400
SAUGUS MA 01906**

Mailing Address

**STONEHILL CORPORATE CENTER
999 BROADWAY, SUITE 400
SAUGUS MA 01906**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/17/1997

4. FEI Number

58-2367591

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

**21 Oviedo Marketplace
Suite, Apt. #, etc. 1600 Oviedo
22 Marketplace, Blvd.
City & State**

23 Oviedo, FL

24 32765

Country

25 USA

2a. Mailing Address

**26 Boston Restaurant Associates
Suite, Apt. #, etc.
27 999 Broadway, Suite 400
City & State**

28 Saugus, MA

29 01906

Country

30 USA

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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 **CHAPDELAINE, GEORGE R**
STREET ADDRESS **999 BROADWAY, STE 400**
CITY-ST-ZIP **SAUGUS MA 01906**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **President, Treasurer & Director** ☒ Change ☐ Addition
1.2 NAME **George R. Chapdelaine**
1.3 STREET ADDRESS **999 Broadway, Suite 400**
1.4 CITY-ST-ZIP **Saugus, MA 01906**

2.1 TITLE **Vice President** ☐ Change ☒ Addition
2.2 NAME **Fran V. Ross**
2.3 STREET ADDRESS **999 Broadway, Suite 400**
2.4 CITY-ST-ZIP **Saugus, MA 01906**

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME **Secretary**
3.3 STREET ADDRESS **Gordon R. Penman**
3.4 CITY-ST-ZIP **One Financial Center**
Boston, MA 02111

4.1 TITLE **Assistant Secretary** ☐ Change ☒ Addition
4.2 NAME **Abigail R. Hechtman**
4.3 STREET ADDRESS **One Financial Center**
4.4 CITY-ST-ZIP **Boston, MA 02111**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
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.

SIGNATURE:

George R. Chapdelaine

CR2E034 (10/97)