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

**PROFIT** CORPORATION ANNUAL REPORT

1**9**98



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

POCUMENT # P97000090910 (5)

**VITANOVA PIZZA, INC.** 

Principal Place of Business

3326-7 DEL PRADO BLVD

Mailing Address

3326-7 DEL PRADO BLVD

## FILED May 18 1998 8:00am Secretary of State



CAPE CORAL FL 83904 CAPE CORAL FL 33904 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified 10/20/1997 2. Principal Place of Business 2a. Mailing Address Applied For 65-08/1645 3326 DEL PKADO BIVO ES SAME 21 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6, Election Campaign Financing CAPE CORAL, FL 23 Trust Fund Contribution Added to Fees Country 8. This corporation owes or has paid the current year Intangible 31904 U.S.A Personal Property Tax due June 30. ☐ Yes 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name HILL, **Robert** C Jr SANG 2431-33 FIRST ST Street Address (P.O. Box Number is Not Acceptable) 82 FT MYERS FL 33901 83 84 City DAME Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered for both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered accept the applications of, Section 607.0505, Florida Statutes. office or registered agent, agent. I am familiar with 5-12-98 SIGNATURE (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change PSTD DELETE \_\_\_ Addition TITLE 11 TITLE PEREZ, MARIETTA B NAME 1.2 NAME 4233 SE 8TH PLACE STREET ADDRESS 1.3 STREET ADDRESS CAPE CORAL FL 33904 CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE TITLE 2.1 TITLE Change ☐ Addition 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE TITLE Change Addition 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST-ZIP DELETE TITLE 4.1 TITLE ☐ Change Addition 4, 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - Z)P DELETE 5.1 1ITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5 3 STREET ADDRESS CITY-ST-ZIP 5.4 City-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE 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, or an attachment with an address.