SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B, Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT#

1. Corporatio	D'S GREATEST PIZZA & P.	ASTA COMPAN	• •					
Principal Place of Business Mailing Address							u filiu i ibiid aiiii baiif baif iba);	
21090 BROOKS BOCA RATON	SHIRE TERRACE FL 33433	21090 BROOKS	21090 BROOKSHIRE TERRACE BOCA RATON FL 33433			DO MOT MIDITE IN THE	10 40 405	
						DO NOT WRITE IN THI 3. Date Incorporated or Qualified	S SPACE	
						11/19/1997		
2. Principal P	2. Principal Place of Business 2a. M					4. FEI Number	Applied For	
21		26	4 · · · · · · · · · · · · · · · · · · ·			65-0798234	Not Applicable	
Suite, Apt.	#, etc.	F1	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & Stat	······································		27 City & State			6. Election Campaign Financing	\$5.00 May Be	
23		<u> </u>	28			Trust Fund Contribution	Added to Fees	
Zip 24	Country 25	Zip 29	30	Country		This corporation owes or has paid the cu Personal Property Tax due June 30.	urrent year Intangible	
	9. Name and Address of Curre	- · · ·		81		10. Name and Address of New Registered	1 Agent	
FOX, LEO A					Name			
133 BOCA RATON ROAD				82	Street Ad	ress (P.O. Box Number Is Not Acceptable)		
BOC	CA RATON FL 33432			83				
					84 City FL 85 Zip Code		85 Zip Code	
SIGNATURE 12.	Signature, typed or printed name of registered agent and bite if applicable (NOTE: Regi					Registered Agent signature required when reinstating) DATE 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	TRAVELLE RODY	4000	DELETE .	1.1 TITLE			Change Addition	
NAME	21090 BrooksHir	e term, f	**************************************	1.2 NAME				
STREET ADDRESS	Boco Notos	*	~-	1.3 STREET				
CITY-ST-ZIP TITLE	INCD 100 163	BD. 32 1	-1-1	1.4 CITY-ST 2.1 TITLE	-ZIP		77	
NAME			DELETE	2.2 NAME	1		Change Addition	
STREET ADDRESS				2.3 STREET ADDRESS				
CITY-ST-ZIP				2.4 CITY-ST				
TITLE	,		DELETE	3.1 TITLE			Change Addition	
NAME				3.2 NAME				
STREET ADDRESS				3.3 STREET				
CITY-ST-ZIP TITLE			DELETE.	3.4 CITY-ST-ZIP			Change Addition	
NAME		الــا	VETE IE	4.1 TILE			L Change [] Addition	
STREET ADDRESS				4.3 STREET	ADDRESS			
CITY-ST-ZIP			,	4.4 CITY-ST				
TITLE			DELETE	5.1 TITLE			Change Addition	
NAME				5.2 NAME				
STREET ADDRESS				5.3 STREET.				
CITY-ST-ZIP TITLE		····	NEI ETE	5.4 CITY-ST- 6.1 TITLE	-ZIP		Ohana Lagg	
NAME		ابا	DELETE	6.2 NAME			Change Addition	
STREET ADDRESS				6.3 STREET.	ADDRESS			

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.

6.4 CITY-ST-ZIP

CITY-ST-ZIP

FILED

Sep 30 1998 8:00am

Secretary of State