

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
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90052 040 ***150.00

DOCUMENT # P98000000793

1. Corporation Name

LA PIAZZA SUB SHOP #1, INC.

Principal Place of Business

2691 EAST OAKLAND PARK BLVD. #102
FORT LAUDERDALE FL 33306

Mailing Address

2691 EAST OAKLAND PARK BLVD. #102
FORT LAUDERDALE FL 33306

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/05/1998

4. FEI Number

65-0815639

Applied For

Not Applicable

2. Principal Place of Business

21 1227 S. Federal Highway

2a. Mailing Address

2691 E. Oakland Park Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

23 Fort Lauderdale, FL

Zip Country

24 33062

25

27 City & State

28 Fort Lauderdale, FL

Zip Country

29 33306

30

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

BLACK, WILLIAM R ESQ
2691 EAST OAKLAND PARK BLVD. #102
FORT LAUDERDALE FL 33306

10. Name and Address of New Registered Agent

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 PTD
NAME BLACK, WILLIAM R
STREET ADDRESS 2691 EAST OAKLAND PARK BLVD. #102
CITY-ST-ZIP FORT LAUDERDALE FL 33306

TITLE VSD
NAME PASCALE, LINDA M
STREET ADDRESS 2691 EAST OAKLAND PARK BLVD. #102
CITY-ST-ZIP FORT LAUDERDALE FL 33306

TITLE ~~Michael P. Black~~
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE UP
1.2 NAME Michael P. Black
1.3 STREET ADDRESS 2691 E. Oakland Park Blvd #102
1.4 CITY-ST-ZIP FT Lauderdale, FL 33306

2.1 TITLE SEC
2.2 NAME Danielle Locke-Pascale
2.3 STREET ADDRESS 2691 E. Oakland Park Blvd #102
2.4 CITY-ST-ZIP FT Lauderdale, FL 33306

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)