Applied For

\$8.75 Additional

Fee Required

Not Applicable

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

2a. Mailing Address

Suite, Apt. #, etc.

26

DOCUMENT # P9800004121

Corporation Name

2. Principal Place of Business

Suite, Apt. #, etc.

JERRY & JOE'S PIZZA FRANCHISE CORP.

• •				
Principal Place of Business	Mailing Address			
4799 PALM AVE.	4799 PALM AVE.			
HIALEAN EL 33013	HIALFAH FL 33013			

FILED May 05, 1999 8:00 am Secretary of State

05-05-1999 90081 020 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

01/06/1998

65-0811294

5. Certificate of Status Desired

4. FEI Number

22)						<u> </u>		
City & Sta	ate	City & Sta	ate			6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added	
Zip	Country	Zip		Country		8. This corporation owes the current year	Intangible	
24	25	29	30			Personal Property Tax.	☐ Yes	No
	9. Name and Address of Curr	ent Registered Age	nt			10. Name and Address of New Register	red Agent	
DA	rrow, Kenneth F			81	Name			
9200 S. DADELAND BLVD., SUITE 412 MIAMI FL 33156			82	82 Street Address (P.O. Box Number is Not Acceptable)				
			83					
				04	Cit.		- 85 Zip (Code
				84	City		<u>- r - r r </u>	
11. Pursuan office or agent. I	am familiar with, and accept the obli	gations of, Section 6	U7.0505, Florida	Statutes	·	oration submits this statement for the purpose on's board of directors. I hereby accept the ap		registered gistered
12.		AND DIRECTORS	I	13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12
TITLE	D ·] DELETE	1,1 TITLE			☐ Change	☐ Addition
NAME	CRUZ, ENRIQUE			1.2 NAME				
STREET ADDRES	I .			1.3 STREET	ADDRESS			
CITY-ST-ZIP	HIALEAH FL 33013			1.4 CITY-ST	r-zip			
TITLE] DELETÉ	2.1 TITLE			Change	☐ Addition
NAME	-			2.2 NAME				
STREET ADDRES	ss	ā		2.3 STREET	ADDRESS			
CITY-ST-ZIP				2. 4 CITY-S	T-ZIP			
-TITLE] DELETE	3.1 TITLE			☐ Change	Addition
NAME	1			3.2 NAME				
STREET ADDRES	as			3.3 STREET	ADDRESS	•		
CITY-ST-ZIP				3.4. CITY- S	T-ZIP			
TITLE			DELETE	4.1 TITLE			Change	☐ Addition
NAME	}			4. 2 NAME				
STREET ADDRES	ss			4.3 STREET	ADDRESS			
CITY+ST-ZIP				44000	T 7/D			
j 01111011-20"				4.4 CITY-S1	1-415			
TITLE			DELETE	5.1 TITLE	1-21-		☐ Change	☐ Addition
			DELETE		1-21-		Change	☐ Addition
TITLE		С] DELETE	5.1 TITLE			☐ Change	☐ Addition
TITLE NAME] DELETE	5.1 TITLE 5.2 NAME	ADDRESS		☐ Change	☐ Addition
TITLE NAME STREET ADDRES				5.1 TITLE 5.2 NAME 5.3 STREET	ADDRESS		☐ Change	☐ Addition
TITLE NAME STREET ADDRES CITY-ST-ZIP				5.1 TITLE 5.2 NAME 5.3 STREET 5.4 CITY-ST	ADDRESS			
TITLE NAME STREET ADDRES CITY-ST-ZIP TITLE	35			5.1 TITLE 5.2 NAME 5.3 STREET 5.4 CITY-ST 6.1 TITLE	TADORESS T-ZIP			

I. 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 for on an attachment with an address, with all other like empowered.

SIGNATURE:

MAJOHAPURE REQUESTED A

GNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(20V> 8 LL.~7~1

2E034 (11/98)