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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # P98000010129

PIZZA KING ITALIAN RESTAURANT INC.

FILED Feb 22, 1999 8:00 am Secretary of State

02-22-1999 90083 047 ***150.00

							-			
Principal Place of Business Mailing Address										
7737 N.W. 79TH AVENUE 7737 N.W. 79TH AVENUE										
TAMARAC FL 33321 TAMARAC FL 33321							DO NOT WRITE IN THIS SPACE			
							3. Date Incorporated or Qualif			
							02/02/1998			1
2. Principal P	lace of Business	2a. N	Mailing Address				4. FEI Number		A	pplied For
21 422			4223 NOI	074 LA	h.	E BLYN	65-081413	1	<u> </u>	ot Applicable
Suite, Apt.			Suite, Apt. #, etc.	V 1 11 -71	70.	<u> </u>				Additional
22							5. Certifcate of Status Desired		•	equired
	City & State City & State				pL-		6. Election Campaign Financia	10	\$5:00	May Be
23 PAL					H GARDENS		Trust Fund Contribution	• 🗆		to Fees
Zip	Country		Zip		intry		8. This corporation owes the c	urrent year Int	angible	
24 334	1 D 25	29	33410	30			Personal Property Tax.		Yes	28No
	9. Name and Address of						10. Name and Address of New	w Registered	Agent	
					81	Name				f
	m, irwin				82	82 Street Address (P.O. Box Number is Not Acceptable)				
7737 N.W. 79TH AVENUE					02	Street Addres	sa (F.O. DOX Notifice) is Not Acce	· ·		
TAM	ARAC FL 33321				83				·	
					84	City		FL	85 Zip	Code
44 6		207 0500 4 607	1500 Fl-: 64	-tutaa tha a	h	asmed some	ration submits this statement for t		changing it	registered
office or r	egistered agent, or both, in the	e State of Florida.	. Such change wa	is authorized	d by t	the corporation	s board of directors. I hereby ac	cept the appoi	ntment as r	egistered
agent. I a	m familiar with, and accept the	e obligations of, S	Section 607.0505,	Florida State	utes.					ł
SIGNATURE	Signature, typed or printed name of regis		a a Karabia (N	OTC: Decistered	A	t signature required v	who a constation)	DATE		
12,		ERS AND DIREC		13.	Ayanı	agnature required s	ADDITIONS/CHANGES TO		D DIRECT	ORS IN 12
TITLE	D		☐ DELETE		TLE		,		Change	Addition
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STREET ADDRESS						ADDRESS				1
OTREET ADDITEOU	I 9071 GREEN MEADOWS	₹ WAY								
CITY OF ZID	9071 GREEN MEADOWS				TV. CT					
CITY-ST-ZIP	9071 GREEN MEADOWS PALM BEACH GADENS		☐ DELETE	1.4 CI	TY-ST	-219			☐ Change	☐ Addition
TITLE			☐ DELETE	1.4 CI	TLE	-214			☐ Change	Addition
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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: X

561-627-4440