FROM : ATP__ 05/06/99 90292 PHONE NO. : 0000000000 JUN. 18 1999 01:59PM P6

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PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

99 JUN 15 PM 5:15

TALLAHASSEE, FLORIDA

DOCUMENT # P98000015793

1. Corporation Name
COAL'S BRICK OVEN PIZZERIA, INC.

JACKSONVILLE FL 32225

JACKSONVILLE FL 32225

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip Country
24 25

2a. Mailing Address
26 P.O. Box 57312
Suite, Apt. #, etc.
27 City & State
28 Jacksonville, FL
Zip Country
29 32241 30

3. Date Incorporated or Qualified
02/16/1998

4. FEI Number
59-3496549
Applied For / Not Applicable

5. Certificate of Status Desired [X] $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 [X] No

9. Name and Address of Current Registered Agent

MEISLITZER, SHIRLEY
13225 ATLANTIC BLVD.
JACKSONVILLE FL 32225

10. Name and Address of New Registered Agent

81 Name: DiMattia, P.
82 Street Address (P.O. Box Number is Not Acceptable): 12121-A Philips Highway
83
84 City: Jacksonville FL 85 Zip Code: 32256

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] 4/15/99
Signature, typed or printed name of registered agent and title if applicable (DATE: Registered Agent Signature is required in all cases.) DATE

12. OFFICERS AND DIRECTORS

Meislitzer, Shirley D
13225 Atlantic Blvd.
Jacksonville, FL 32225

[ ] DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

[ ] Change [ ] Addition

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] 4/15/99
SIGNATURE AND TITLE OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR

TS