PROFIT CORPORATION

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May 15, 1999 8:00 am
Secretary of State
05-15-1999 90013 049 ***150.00

	UAL REPORT 1999	Secretary DIVISION OF CO		03-13-13-3	, ,00013 043	130.00
	MENT # P9800	0034015	,		,, tt s= 1 (T _ A	
St	MINOLE PIZZ	za III., inc.	. —			
Principal Place		Mailing Address				
90	oz Bob o'	LINK CI.	•	DO NOT WRITE I	N THIS SPACE	
TE	ALLAHASSER,	FL 32312		3. Date Incorporated or Qualifed	_	
2. Principal Pl	lace of Business	2a. Mailing Address		4. FEI Number 50 - 250/		olied For
21 9gaz	BOB O'LINK CT.	26 4002 Bus Suite, Apt. #, etc.	OLINK CI		\$8.75 A	Applicable dditional
Su., Apt.	#, etc.	27] -	<u> </u>	5. Certificate of Status Desired		quired
City & State	AHAGGEL FL	City & State 28 TALLAHASSE	FL	Election Campaign Financing Trust Fund Contribution	\$5.00 Added to	7
Zip	Country	Zip 29 32312 3	Country 0.5.	This corporation owes the current y Personal Property Tax.		□No
24 323	9. Name and Address of Curre		0 <u>0.</u> >.	10. Name and Address of New Regis		
			81 Name	DOUGLAS RUSSE	1.4.	
Ka	ILPH C. BOTIL	No .	82 Street A	Address (P.O. Box Number is Not Acceptable)		
21	5 5. MONRIE	ST 575 400	, 4	002 BOB O'LINK	ev.	
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11, Pursuant office or ragent. I a	to the provisions of Sections 607.05 registered agent, or both, in the State im remiller with, and accept the oblig	02 and 607.1508, Florida Statutes of Florida. Such change was aut lations of, Section 607.0505, Florid	the above-named of horized by the corporate Statutes.	corporation submits this statement for the purpration's board of directors. I hereby accept the	ose of changing its appointment as reg	registered pistered
11, Pursuant office or r agent. I a SIGNATURE	to the provisions of Sections 607.05 registered agent, or both in the State im familiar with, and appear the obligations of the control of th	02 and 607.1508, Florida Statutes a of Florida. Such change was aut ations of, Section 607.0505, Florid	the above-named of horized by the corpo la Statutes.	quired when reinstring)	ose of changing its appointment as reg	registered jistered
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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 of 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 receives 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 chapted, by on an attachment with an address, with all other like empowered.

SIGNATURE:

YPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR