

**FILED**  
**Mar 29, 1999 8:00 am**  
**Secretary of State**

03-29-1999 90089 023 \*\*\*150.00

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT # P98000035989**

1. Corporation Name

**ANGIE'S PIZZERIA, INC.**

Principal Place of Business

2651 N ORANGE BLSSM TRAIL  
ZELLWOOD FL 32798

Mailing Address

P O BOX 324  
ZELLWOOD FL 32798

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/20/1998

4. FEI Number

59-3508630

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution ☐\$5.00 May Be  
Added to Fees8. This corporation owes the current year Intangible  
Personal Property Tax. ☒ Yes ☒ No

10. Name and Address of New Registered Agent

81 Name

CAMMARATA, ANGELICA E.

82 Street Address (P.O. Box Number is Not Acceptable)

1521 W. WINTERGATE ORANGE BLOSSOM TRAIL

83

84 City

APOPKA

FL

85 Zip Code  
32712

2. Principal Place of Business

21 1521 W. WINTERGATE  
Suite, Apt. #, etc.22 APOPKA, FL 32712  
City & State23 32712 USA  
Zip Country

24

2a. Mailing Address

26 1521 W. WINTERGATE  
Suite, Apt. #, etc.27 APOPKA, FL  
City & State28 32712 USA  
Zip Country

29 30

8. Name and Address of Current Registered Agent

CAMMARATA, ANGELICA E  
2651 N ORANGE BLSSM TRAIL  
ZELLWOOD FL 32798

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

Angelia E. Cammarata  
Signature, type or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/2/99  
DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETENAME CAMMARATA, ANGELICA E  
STREET ADDRESS 220 MORNING CREEK CIR  
CITY-ST-ZIP APOPKA FL 32712TITLE ☐ DELETENAME CAMMARATA, FRANK R  
STREET ADDRESS 220 MORNING CREEK CIR  
CITY-ST-ZIP APOPKA FL 32712TITLE ☒ DELETENAME KILIC, EARL  
STREET ADDRESS 6733 LUMBERJACK WAY  
CITY-ST-ZIP OCOEE FL 34761TITLE ☐ DELETENAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ DELETENAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ DELETENAME  
STREET ADDRESS  
CITY-ST-ZIP

13.

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ AdditionPD  
CAMMARATA, ANGELICA E.  
220 MORNING CREEK CIRCLE  
APOPKA, FL 32712☒ Change ☐ AdditionVPD  
CAMMARATA, FRANK R.  
220 MORNING CREEK CIRCLE  
APOPKA, FL 32712☐ 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:

Angelia E. Cammarata  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR3/2/99  
Date407-814-7123  
Daytime Phone #

CR2E034 (1/198)