FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretáry of State

FILED May 24, 1999 8:00 am Secretary of State

•	1999 DIVISION OF CORPORATIONS						05-24-1999 90026 041 ***150.00				
DOCUI 1. Corporation	MENT # \$\rho 98	0000 39	893		··						
LAKE WALES PIZZA, INC.											
÷ .											
Principal Place	e of Business	Mailing	Address								
306 Hay 60 E. 2941 Mill Run Blad.											
306 Hwy 60 Er 2941 Mill Run Blud. Lake Wales, FL 33853 Kissimmee, FL 34744							DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 5-4-98				
2. Principal P	lace of Business	2a. Mai	ling Address				4. FEI Number 65-0832573			olied For Applicable	
Suite, Apt.	#, etc.	Suit	Suite, Apt. #, etc.				5. Certifcate of Status Desired		\$8.75 A Fee Re		ĺ
City & State	е	City	City & State				6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees				Í
Zip	Country 25	Zíp	<u> </u>				This corporation owes the curre Personal Property Tax.	-	ngible	₩No	
24	9 Name and Address o	f Current Registerer	1 Agent	<u> </u>			10. Name and Address of New R			<i></i>	ł
	A. I I			8	1 Nam	e			-		
Amerilawyer					2 Stro	ot Addro	ss (P.O. Box Number is Not Accepta	<u> </u>			
2/2 Almeria Ave.						et Addie:	SS (F.O. DOX NUMBER IS NOT ACCOPIE				
•	393 111101	Cr 02129	1	8	3						
Amerilawyer 343 Almeria Ave. Coral Gables, PL33134					84 City			FL	85 Zip C	ode	
office or re	to the provisions of Sections egistered agent, or both, in the m familiar with, and accept the	ne State of Florida. S	uch change was autl	horized b	y the co	ed corpor rporation	ration submits this statement for the parties board of directors. I hereby accept	ourpose of c the appoint	hanging its ment as reg	registered jistered	
	in lanimar with, and accept to	ie obligations of, dec	uon 007.0000, 1 iona	ia Olatate							
SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required to the control of the cont								DATE			íα
12.		ERS AND DIRECTO		13.			ADDITIONS/CHANGES TO OFF	ICERS AND	Change	Addition	711/98
TITLE	President P	V DC	☐ DELETE	1.1 TITLE					onange		7
NAME	BRIAN J. OI 2941 Mill Ru	RIVE		1.2 NAME	ET ADDRES						8
STREET ADDRESS	VICE MADO	G 24744	and the state of t		ST-ZIP	~					1 2
CITY-ST-ZIP TITLE				2.1 TITLE					Change	Addition	2
NAME	ST 1014~ TOH	OLANT OHRT.		2.2 NAME	2.2 NAME						ĺ
STREET ADDRESS	SOUL Mill KUN	SOUL MILL KUN FINGE		2.3 STREET ADDRESS		SS					l
CITY-ST-ZIP	Kissimmee, 1	434744	2.40		-ST-ZIP						1
TITLE		☐ DELETE 3.11		3.1 TITLE	S.1 TITLE				☐ Change	Addition	1
NAME		- 3.2		3.2 NAME	3.2 NAME				~~~	-	l
STREET ADDRESS	·		3.3 STREET ADDRESS		ss						
CITY-ST-ZIP			3.4. CITY-ST-ZIP					C7.01		1	
TITLE					1 TITLE				Change	☐ Addition	
NAME				4 2 NAME							
STREET ADDRESS				4.3 STREET ADDRESS						ł	
CITY-ST-ZIP			DELETE	4.4 CITY- 5.1 TITLE		+-			Change	Addition	ł
TITLE				5.2 NAME					_ •		l
NAME STREET ADDRESS					ET ADORE	ss					
CITY-ST-ZIP				5.4 CITY	ST-ZIP						
TITLE			☐ DELETE	6.1 TITLE		1			Change	Addition	
NAME				62 NAME	Ξ	1					l

CITY-ST-ZIP 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 changes, or on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

407-847-6098