Apr 08, 1999 8:00 am Secretary of State

04-08-1999 90039 021 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000052187

1. Corporation Name

GRANDE	PIZZA ENTERPRISES, INC.					ļ] [ili ac iii alii i		
Principal Place	of Business	Mailing Address	_			-				
2304 E. OAKLAI		2304 E. OAKLAND PARK E								
FT. LAUDERDALE FL 33306 FT. LAUDERDALE FL 33306							DO NOT WRITE IN THIS SPACE			
						-	3. Date Incorporated or Qualifed			
			_				06/11/1998 4. FEI Number			lind For
	ace of Business					'	••			Applicable
21		26 Suite And # ata	_				65-0842702	<u> </u>	\$8.75 A	:
Suite, Apt.	#, GIC.	Suite, Apt. #, etc.					5. Certifcate of Status Desired		Fee Rec	_
City & State		City & State	_				s, Election Campaign Financing		\$5.00 N	vlay Be
23		28				[Trust Fund Contribution		Added to	Fees
Zip	Country	Zip	Cor	ıntry	'	_	8. This corporation owes the curr	ent year in		_
24	25	29	30				Personal Property Tax.			□No
	9. Name and Address of Current	Registered Agent		ļ.,	, .	1	0. Name and Address of New F	Registered	Agent	
				81	Name					
SAULINO, EDWARD				82	Street A	Address	(P.O. Box Number is Not Accepta	able)		
2304 E. OAKLAND PARK BLVD.				200	ļ		 			
FI. L	AUDERDALE FL 33306			83						ì
				84	City	_		FL	85 Zip C	ode
office or n agent. I a	to the provisions of Sections 607.0502 egistered agent, or both, in the State or familiar with, and accept the obligations of the state of registered agent of the section	of Florida. Such change was a lions of, Section 607.0505, Flo et and title if applicable. (NOTE	euthorized orida Stat E: Registered	d by utes	the corpo	oration s	n reinstating}	DATE		
12.	OFFICERS AND		13.			,-	ADDITIONS/CHANGES TO OF	FICERS A		
TITLE	SPD	☐ DELETE	1.1 Π		ĺ				☐ Change	☐ Addition
NAME	Onocino, Edimino			1.2 NAME						
STREET ADDRESS 2304 E. OAKLAND PARK BLVD.				1.3 STREET ADDRESS						
CITY-ST-ZIP	FT. LAUDERDALE FL 33306			1.4 C/TY-ST-ZIP 2.1 TITLE					Change	☐ Addition
TITLE									□ Change	[_] Addition
NAME			2.2 NA							
STREET ADDRESS			2.3 STREET ADDRESS							
CITY-ST-ZIP				2.4 CITY-ST-ZIP					☐ Change	Addition
TITLE NAME				3.1 TITLE 3.2 NAME						
STREET ADDRESS			ı		TADORESS	ļ				ļ
CITY-ST-ZIP										
TITLE				3.4. CITY-ST-ZIP 4.1 TITLE			.		☐ Change	Addition
NAME			4.21	IAME						
STREET ADDRESS					TADDRESS					
CITY-ST-ZIP				ITY-S'						
TITLE		☐ DELETE	5.1 T						☐ Change	☐ Addition
NAME			5.2 N	AME						

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.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

☐ DELETE

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TILE

NAME

REQUIRED

Daytime Phone #

Change

Addition