


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

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

04-29-1999 90051 002 \*\*\*150.00

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P98000055556</b>					
1. Corporation Name <b>SEMINOLE PIZZARIA, INC.</b>					
Principal Place of Business <b>1080 W TENNESSEE ST TALLAHASSEE FL 32304</b>		Mailing Address <b>1080 W TENNESSEE ST TALLAHASSEE FL 32304</b>			
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified <b>06/22/1998</b> 4. FEI Number <b>59 35206 19</b> 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees 8. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent <b>VISCONTI, JAMES W III 810 WADSWORTH DR A102 TALLAHASSEE FL 32304</b>			10. Name and Address of New Registered Agent 81 Name <b>James W Visconti Jr</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>902 Oak Knoll Ave</b> 83 84 City <b>Tallahassee</b> FL 85 Zip Code <b>32308</b>		
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: <i>[Signature]</i> DATE: <b>2/10/99</b>					
12. OFFICERS AND DIRECTORS <input type="checkbox"/> DELETE					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 <input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE <b>COO</b> NAME <b>James W Visconti Jr</b> STREET ADDRESS <b>902 Oak Knoll Ave</b> CITY-STATE-ZIP <b>Tallahassee FL 32308</b>		1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-STATE-ZIP			
TITLE <b>President</b> NAME <b>William Jr Visconti</b> STREET ADDRESS <b>175 Lowell St</b> CITY-STATE-ZIP <b>Reading MA 01867</b>		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-STATE-ZIP			
TITLE <b>CEO</b> NAME <b>James W Visconti III</b> STREET ADDRESS <b>810 Wadsworth Dr A102</b> CITY-STATE-ZIP <b>Tallahassee FL 32304</b>		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-STATE-ZIP			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		4.1 TITLE <b>55</b> 4.2 NAME <b>Joanne Visconti</b> 4.3 STREET ADDRESS <b>902 Oak Knoll Ave</b> 4.4 CITY-STATE-ZIP <b>Tallahassee FL 32308</b>			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-STATE-ZIP			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-STATE-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 changed, or on an attachment with an address, with a different like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)