


AMOUNT DUE ON OR BEFORE 09/15/99: \$350 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Aug 09, 1999 8:00 am
Secretary of State

08-09-1999 90002 030 ***150.00

| | | | |
|--|---|--|--|
| PROFIT CORPORATION ANNUAL REPORT 1999 | |  FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS | |
| DOCUMENT # P98000057431 1. Corporation Name PAPA-RONI PIZZA RESTAURANTE, INC. | | | |
| Principal Place of Business 7013 N. HIMES AVE. TAMPA FL 33614 | | Mailing Address 7013 N. HIMES AVE. TAMPA FL 33614 | |
| | | DO NOT WRITE IN THIS SPACE | |
| 2. Principal Place of Business 21 Suite, Apt. #, etc. | | 2a. Mailing Address 26 Suite, Apt. #, etc. | |
| 22 City & State | | 27 City & State | |
| 23 Zip Country | | 28 Zip Country | |
| 24 | | 29 | |
| 3. Date Incorporated or Qualified 06/26/1998 | | 4. FEI Number 59-3527357 | |
| | | Applied For Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 7. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| 8. Name and Address of Current Registered Agent ELDIB, TAWFIK M 7013 N. HIMES AVE. TAMPA FL 33614 | | 10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code | |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | |
| 12. OFFICERS AND DIRECTORS | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ELDIB, TAWFIK 6422 WOODLAND BLVD.N. PINELLAS PARK FL 33781 | <input type="checkbox"/> DELETE | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ELHESSEY, MOHAMED 2424 W. TAMPA BLVD. TAMPA FL 33607 | <input checked="" type="checkbox"/> DELETE | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> DELETE | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> DELETE | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> DELETE | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> DELETE | |
| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | | |
| 1.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 1.2 NAME | | | |
| 1.3 STREET ADDRESS | | | |
| 1.4 CITY-ST-ZIP | | | |
| 2.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 2.2 NAME | | | |
| 2.3 STREET ADDRESS | | | |
| 2.4 CITY-ST-ZIP | | | |
| 3.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 3.2 NAME | | | |
| 3.3 STREET ADDRESS | | | |
| 3.4 CITY-ST-ZIP | | | |
| 4.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 4.2 NAME | | | |
| 4.3 STREET ADDRESS | | | |
| 4.4 CITY-ST-ZIP | | | |
| 5.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 5.2 NAME | | | |
| 5.3 STREET ADDRESS | | | |
| 5.4 CITY-ST-ZIP | | | |
| 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 6.2 NAME | | | |
| 6.3 STREET ADDRESS | | | |
| 6.4 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 changed, or on an attachment with an address. | | | |
| SIGNATURE: <u>T. Stalder</u> 7/23/99 813-933-3850 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # | | | |

CR2E034 (5/99)

Papa-Roni Pizza Restaurant, Inc.
7013 N. Himes Ave.
Tampa, FL, 33612

P98000057431

611945

Date: July 23, 1999

Florida Department of State
Annual Reports Filings
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Sir/Madam:

P98000057431

This letter is in regards to our receipt of the 2nd notice for 1999 Profit Corporation Annual Report packet. We have not received the first notice, therefore; the payment was not made on time. Accordingly, we are requesting a waiver of charges for the 2nd notice, and the amount due of the first notice, as it was listed, will be paid.

Your cooperation in this matter is greatly appreciated. For any further information please call me at 813-933-3850

Sincerely,

T-eldib

Tawfik Eldib
President