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PROFIT CORPORATION ANNUAL REPORT 1999

N.Y. PIZZA D-LUX INC.



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P98000066852**1. Corporation Name

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

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| Principal Place of Business Mailing Address | | | | | | 1 18811881 | (\$ 0 1010) 131(1 00) 11 00 | ikee Ba eer Ba ee a | #111 2 #114 1 1 8 121 8 | 111 8 11 8 1 1 881 |
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| FT. MYERS BEACH FL 33931 FT. MYERS BEACH FL 33931 | | | | | | | | | | |
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| 2. Principal Pl | ace of Business | 2a. Mailing Address | | | 4 | . FEI Number | 20-111 | 115 | | lied For |
| 21 | | 26 | | | | 65-C | 18541 | 40 | | Applicable |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | | 5 | . Certifcate of | Status Desired | | \$8.75 Ac | |
| City & State | ~ | City & State | | | | Fl- dies Com | i Fiiaa | | | |
| City & State | • | <u></u> | | | 6 | . Election Cam Trust Fund C | paign Financing | | \$5.00 N Added to | · . |
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| ¬ ' | . 25 | ————————————————————————————————————— | 30 | | * | Personal Pro | | en year ni | | □No . |
| 24] | 9. Name and Address of Current | | | | 10 | | ddress of New F | Registered | Agent | |
| | | | 81 | Name | 110 | 2 | a ak asi | 2 | | |
| BEEK | (MAN, GLENN | | - | - T | GIC | nn O | CERTYIG | (<i>F</i>) | | |
| 121 [| ENELL ROAD | | 82 | Street | Address (| P.O. Box Numi | er is Not Accepta | c+ 0/ | ic | 1 |
| FT. N | NYERS BEACH FL 33931 | | 83 | | | | | , | | |
| | | | | | | | · | | | |
| | | | 84 | City | F-/- | Avers | - _ | FL | 85 Zip C | 200e |
| office or re | to the provisions of Sections 607.0502 agistered agent, or both, in the State of m familiar with, and accept the obligation | Florida. Such change was au | thorized by | the corpo | corporation s b | on submits this locard of director | statement for the rs. I hereby acce | purpose of pt the appoi | changing its r ntment as reg | egistered istered |
| SIGNATURE | Signature, typed or printed name of registered agent a | and title if applicable (NOTE: | Registered Ager | t signature r | required when | reinstation) | | DATE | | <u> </u> |
| 12. | OFFICERS AND | | 13. | i signoloro i | 1040 | | HANGES TO OF | | ND DIRECTOR | RS IN 12 |
| TITLE | D | ☐ DELETE | 1.1 TITLE | | P/D |) | | | Change | Addition |
| NAME | BEEKMAN, GLEEN | | 1.2 NAME | | AFE | KMAN, | GLENI | 4 | | |
| STREET ADDRESS | 121 LENELL ROAD | | 1.3 STREET | ADDRESS | | LENE | LL ROAL | | | - 1 |
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| TITLE | | ☐ DELETE | 2.1 TITLE | | V | | | | ☐ Change | Addition |
| NAME | | | 2.2 NAME | | BEE | KMAN, | MARY | BETH | | |
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| CITY-ST-ZIP | | ~ ~ | 2.4 CITY-S | T-ZIP | FT. | MYER | S BEAC | H-FL | - 339 | <u>31</u> _ |
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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 attackment with an address, with all other like empowered.

SIGNATURE: