

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

**FILED**  
**Jul 06, 1999 8:00 am**  
**Secretary of State**

07-06-1999 90011 021 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000102922			
1. Corporation Name THE PIZZA PARLOR, INC.			
Principal Place of Business 5416 WEST ATLANTIC BLVD., MARGATE, FL. 33063		Mailing Address	
2. Principal Place of Business 21 5416 W. Atlantic Blvd., Suite, Apt. #, etc.		2a. Mailing Address 26 5416 W. Atlantic Blvd. Suite, Apt. #, etc.	
22 City & State 23 Margate, Florida		27 City & State 28 Margate, Florida	
24 Zip 33063 25 Country USA		29 Zip 33063 30 Country USA	
9. Name and Address of Current Registered Agent Mark Cavello 5416 W. Atlantic Blvd., Margate, Fl. 33063		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 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 Mark Cavello, RA		DATE June 23, 1999	
(NOTE: Registered Agent signature required when reinstating)			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PR NAME Concetta Cavello STREET ADDRESS 5416 W. Atlantic Blvd., CITY-ST-ZIP Margate, Fl. 33060		1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/23/99

Date

(954) 974-1113

Daytime Phone #

P98000102922  
581961-90011-21

**WOLF ACCOUNTING & TAX SERVICE, INC.**

6412 N. UNIVERSITY DRIVE, SUITE 105

TAMARAC, FLORIDA 33321-4002

(954) 726-3511

June 23, 1999

Florida Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, Fl. 32314

Re: P98000102922  
The Pizza Parlor, Inc.

Sirs:

Our new client, The Pizza Parlor, Inc. just opened its doors in Margate, Fl. this week.

We noted that no annual report had been filed, and were told that they never received the form.

We are requesting that you accept their enclosed check made payable to Florida Dept. of State in the amount of \$150.00 to cover this annual report which is also herewith submitted.

Thanking you, we remain,

Very truly yours,

WOLF ACCOUNTING & TAX SERVICE, INC.

  
GILBERT D. WOLF  
Vice-President