	PROFIT		FLORIDA DEPAR	ITMENT OF STATE		APPROVE	- []	リン '	
	RPORATION			3. Mortham	25	AND	ha kar		
ANN) نست	WAL REPORT			y of State		- FILED		,	
	1996	The state of the s	DIVISION OF C	CORPORATIONS		00.00			
DOCL	JMENT # K		09 10:15	>		. 00 OCT 31 AM	8: 35	· · · · · · · · · · · · · · · · · · ·	2
1. Corporation Name						פברפנדיגרע הפ	************************************	. ,	1
KABOUGERIS, IN C						SECRETARY OF STATE TALLAHASSEE, FLORIDA			
							ezhio arthioù		. •
Principal Plac	ne of Business	in A 4 co	inn Address						
_ D	BA PA	PA LOUI	5 ~		1	-}			
1	1612 N N	EBRASKA	AVE	12	ه داده جنه		·	· 	~~
	4 C			1	· [3. Date incorporated or Quality	ied 3a. D	ate of Last Report]
2. F	TAMDA	+ FL 3	3611	-		4. ESI Numbers / 10		Appli	ed For
<u> </u>	(12100)					59-36186	663		pplicable
Suite, Apt	. #, etc.	·	Suite, Apt., #, etc.			5. Certificate of Status Desire	о _П	\$8.75 Add	
City & Sta	nte	27	City & State			6. Election Campaign Financin		Fee Requ \$5.00 Ma	
3	·-	28		· · · · · · · · · · · · · · · · · · ·		Trust Fund Contribution		Added to I	, ,
Zip	Countr	у 2	Zip .	Country	7	8. This corporation has liability		tax under s 199.	032,
4	25 9. Name and Addre	29 ass of Current Registe		30		Florida Statutes 10. Name and Address of No.	Yes ☐ No ew Registere	d Agent	
¥	ETE	KABNIIC	SCOIS	81 Name			<u> </u>		
EN.	3000	AAnall	ATTAN	AV C 82 Street /	Address	(P.O. Box Number is Not Acce	eptable)		
	9801- 2	2. INITIO TO		83					
	TAMPA	F 2	33611					oe Zin Co	· ·
					-,• · ·	· · ·	F		
or registe	ered agent, or both, in the	State of Florida, Such c	hanna was authorized	the above-named co by the corporation's	progration board	on submits this statement for the of directors. I hereby accept the	appropriate of approintment	changing its registe as registered ager	ered office
tamiliar w SIGNATURE	ith, and accept the obliga	tions of Section 607.05	05, Florida Statutes.		~	ي المسيون المسيون]
	Signature, typed or printed name			Registered Agent signature re	equired wi		DATE		<u> </u>
12. TITLE	DIPIS	FFICERS AND DIRECTO)HS	13. 1.1 TITLE	· []	ADDITIONS/CHANGES TO	OFFICERS A	NO DIRECTORS IN	1 12 (56 / Z) Addition (75 / Z)
NAME	PETC	KABOUG	COIS	1.2 NAME				ليا الادام الادام الم	34 (
STREET ADDRESS	3801	S MANHA	TPAN IT	1.3 STREET ADDRESS	·				R2E034
CITY-ST-ZIP	TA	MPA FL	33611	1.4 CITY-ST-ZIP	ļ <u>. </u>	i i i i i		Change	Addition S
NAME			C) ocreit	2.1 TITLE 2.2 NAME		70000	0345	C167-	3
STREET ADDRESS				2.3 STREET ADDRESS	· .	11	/117/100-	·-U1121U	25
CITY-ST-ZIP	ļ			2.4 CITY-ST-ZIP	٠ ا	**	**150.C	川・米米米半1こ	0.00
ritl <u>e</u> Name		•	☐ DELETE	3.1 TITLE				Change	Addition .
STREET ADDRESS	1			3.2 NAME 3.3. STREET ADDRESS					
CITY-ST-ZIP				3.3. STREET ADDRESS 3.4 CITY - ST - ZIP					
ITLE			☐ DELETE	4, 1 TITLE				Change	Addition
lame Street Aodress	1			42 NAME .					}
CITY-ST-ZIP		•		4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	•	, · .	-		
TITLE	1		DELETE	5. 1 TITLE				Change	Addition
NAME			.	5.2 NAME		a state was a super super			
STREET ADDRESS	1 -	مينين ب	ا داریه است این از مرتبه است	5.3 STREET ADDRESS	. ~	and the second of the second		^ ^	
RITY-EST-ZIP RITLE:	 	<u> </u>	DELETE	5.4 CHY-ST-ZIP 6. 1 TITLE				A Mark Da	Addition
IAMÉ			آ عدورو	6.1 IIILE 6.2 NAME		•		MY W	- moniver
TREET ADDRESS	1			8.3 STREET ADDRESS		•	ノ	//X	}
ITY-ST-ZIP	y codify that the lafa	loo number days to the		6.4 CITY-ST-ZIP	nz.		(
certify that	by certify that the information indicated the information indicated that are officer or five to the contract of the contract o	ion supplied with this filling on this annual report of	ng is voluntarily furnish r supplemental annual	ed and does not quali report is true and acc	lify for th curate a	ne exemption stated in Section and that my signature shall have port as required by Chapter 60	t 19.07(3)(k), I the same leg	lorida Statutes, I f al effect as if made	urther under
appears in	Block 12 or Block 18 if	hanged, or on an attact	e receiver or trustee e hment with <mark>an a</mark> ddress	nipowered to execute	e tuis te	poπ as required by Chapter 603	r, Florida Stat	utes; and that my	name
SIGNAT	X //	8				•	•		}
47 1 1		AND TYPED OR PRINTED NA	ME OF SIGNING OFFICER O	ROMECTON		Date		Daytime Phone #	

Pg. Zaf?

KABOUGERIS INC.

PAPA LOUIS PIZZA 3801 S MANHATTAN AVE TAMPA FL 33611

SEPTERMBER 16, 2000

MICHELLE MILLIGAN DIVISION OF CORPORATIONS, PO BOX 6327 TALLAHASSEE FL 32314

SUBJECT: KABOUGERIS INC. REF NUMBER: P99000109648

Attached is a copy of our Annual Report and a check for \$ 150.00.

Please be advised that we never received the uniform business report and as such we are enclosing the generic form.

Thanks very much

Your truly,

Pete Kabougeris