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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90154 015 ***150.00

DOCUMENT	#	S04293
4 Corporation Name		

Corporation Name

PITA PAN, INC.

PITA PAN, INC.	•					-1.	~-		M. T.
Principal Place of Busin	ness	Mailing Ad	Idress			1		n annu annu	81611 81211 81811 1821
8602 N.W. 44TH ST. SUNRISE FL 33351 B602 N.W. 44TH ST. SUNRISE FL 33351				DO NOT WRITE IN THIS SPACE					
							Date Incorporated or Qualifed 08/31/1990	<i>!_</i>	· .
2. Principal Place of Br	usiness	2a. Mailing	Address			4.	FEI Number		Applied For
21		26					65-0220348		Not Applicable
Suite, Apt. #, etc.			Apt. #, etc.				Certifcate of Status Desired		75 Additional ee Required
City & State		City & 28	State			6.	Election Campaign Financing Trust Fund Contribution	•	.00 May Be ided to Fees
Zip	Country 25	Zip 29	Соц 30	intry			This corporation owes the current year Personal Property Tax.	Intangible	
Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent						
ZARIF, ABRA				81					·
8602 N.W. 4	4TH ST.			82	Street Addre	ss (P	O Box Number is Not Acceptable)		·
Sunrise Fl	. 33351			83					
				84	City		F	L 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	No. 9 - Habb	egistered Agent signature re	equired when reinstation) DATE	
	Signature, typed or printed name of registered agent and title if applicable (NOTE: R OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	IN 12
TITLE	D DELETE	1.1 TITLE		Addition
NAME	ZARIF, ABRAHAM	1.2 NAME	_ · ·	I
STREET ADDRESS	8602 NW 44TH ST	1.3 STREET ADDRESS	••	
	SUNRISE FL	1.4 CITY-ST-ZIP		
CITY-ST-ZIP	DELETE	2.1 TITLE	☐ Change [Addition
TITLE	_ DEEE, E			
NAME		2.2 NAME	n i e	
STREET ADDRESS		2.3 STREET ADDRESS		
CITY-ST-ZIP		2.4 CITY-ST-ZIP	CT OL	
TITLE	☐ DELETE	3.1 TITLE	Change [Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADORESS		
CITY-ST-ZIP		3.4, CITY-ST-ZIP	·	
TITLE	DELETE	4.1 TITLE	☐ Change [Addition
NAME		4. 2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE	DELETE	5.1 TITLE	☐ Change [Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS	,	
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE	DELETE	6.1 TITLE	☐ Change [Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS	`	
CITY-ST-ZIP		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 TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3 10 79

754-/4(0/)/ Daytime Phone # CRZE034 (11/98)