

PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 23, 2001 8:00 am
Secretary of State

05-23-2001 90226 037 ***150.00

DOCUMENT # **533583**

1. Corporation Name **PAPA LOUIS RESTAURANT, INC.**

659864

Principal Place of Business

Mailing Address

11612 N NEBRASKA AVE #C

TAMPA FL 33612

3. Date Incorporated or Qualified	3a. Date of Last Report
4. FEI Number 59-3067875	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
8. This corporation has liability for intangible tax under s 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
2b. Suite, Apt. #, etc.	2c. Suite, Apt. #, etc.
3. City & State	3a. City & State
4. Zip	4a. Zip
5. Country	5a. Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PETE KABOUGERIS
11612-C N. NEBRASKA
TAMPA FL 33612

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	FL

I, 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when renewing)

DATE

OFFICERS AND DIRECTORS	
1. LE ME REET ADDRESS TY - ST - ZIP PETE KABOUGERIS 11612-C N. NEBRASKA TAMPA FL 33612 <input type="checkbox"/> DELETE	
2. LE ME REET ADDRESS Y - ST - ZIP <input type="checkbox"/> DELETE	
3. LE ME REET ADDRESS Y - ST - ZIP <input type="checkbox"/> DELETE	
4. LE ME REET ADDRESS Y - ST - ZIP <input type="checkbox"/> DELETE	
5. LE ME REET ADDRESS Y - ST - ZIP <input type="checkbox"/> DELETE	
6. LE ME REET ADDRESS Y - ST - ZIP <input type="checkbox"/> DELETE	

ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS	
1. 1. TITLE 2. NAME 3. STREET ADDRESS 4. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. 1. TITLE 2. NAME 3. STREET ADDRESS 4. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3. 1. TITLE 3.2 NAME 3.3. STREET ADDRESS 3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4. 1. TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. 1. TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. 1. TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

No Change

I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)