

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **S36130**

(0)

1. Corporation Name

TOWER PIZZA RESTAURANT, INC.

Principal Place of Business

**8533 N.W. 2ND MANOR
CORAL SPRINGS FL 33071**

Mailing Address

**8533 N.W. 2ND MANOR
CORAL SPRINGS FL 33071**

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**DILULLO, CELESTINO
8533 N.W. 2ND MANOR
CORAL SPRINGS FL 33071**

3. Date Incorporated or Qualified

03/07/1991

3a. Date of Last Report

01/25/1995

4. FEI Number

65-0250207

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes

☐ No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

SIGNATURE

Signature typed or printed name of registered agent or officer of the corporation

Signature typed or printed name of new registered agent

DATE

12. OFFICERS AND DIRECTORS

TITLE

D

☐ DELETE

NAME

**DILULLO, CELESTINO
8533 N.W. 2ND MANOR
CORAL SPRINGS FL**

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE

☐ Change

☐ Addition

2. NAME

13. STREET ADDRESS

14. CITY - ST - ZIP

2. TITLE

☐ Change

☐ Addition

22. NAME

23. STREET ADDRESS

24. CITY - ST - ZIP

3. TITLE

☐ Change

☐ Addition

32. NAME

33. STREET ADDRESS

34. CITY - ST - ZIP

4. TITLE

☐ Change

☐ Addition

42. NAME

43. STREET ADDRESS

44. CITY - ST - ZIP

5. TITLE

☐ Change

☐ Addition

52. NAME

53. STREET ADDRESS

54. CITY - ST - ZIP

6. TITLE

☐ Change

☐ Addition

62. NAME

63. STREET ADDRESS

64. CITY - ST - ZIP

**300001777978
-04/12/96--01017--012
***200.00**

14. 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:

Celestino D. Dill
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15 /96 PRES
DATE DAYTIME PHONE #

CR2E034 (12/95)