

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # S50934

(6)

1. Corporation Name

PIZZA U.S.A. OF PEMBROKE, INC.

Principal Place of Business

PEMBROKE LAKES MALL  
11401 PINES BLVD. BAY 504  
PEMBROKE PINES FL 33026  
US

Mailing Address

1761 W. HILLSBORO BLVD.  
STE 401  
DEERFIELD BCH FL 33442-1502  
US

FILED  
May 19 1997 8:00am  
Secretary of State



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

WHALEN, NANCY  
1761 W. HILLSBORO BLVD. 401  
DEERFIELD BCH FL 33073

3. Date Incorporated or Qualified

05/09/1991

3a. Date of Last Report

04/23/1996

4. FEI Number

65-0267451

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

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

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

D  
NAME CASTELLANO, M MARK  
STREET ADDRESS 1761 W. HILLSBORO BLVD. 401  
CITY-ST-ZIP DEERFIELD BCH FL

TITLE ☐ DELETE

D  
NAME CASTELLANO, JOHN  
STREET ADDRESS 1761 W. HILLSBORO BLVD. 401  
CITY-ST-ZIP DEERFIELD BCH FL

TITLE ☐ DELETE

P  
NAME NEVIN, RAYMOND  
STREET ADDRESS 1761 W. HILLSBORO BLVD. 401  
CITY-ST-ZIP DEERFIELD BCH FL

TITLE ☐ DELETE

S  
NAME WHALEN, NANCY  
STREET ADDRESS 1761 W. HILLSBORO BLVD. 401  
CITY-ST-ZIP DEERFIELD BCH FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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

SIGNATURE

*[Signature]*

*[Signature]*

*[Signature]*

CR2E034 (9/96)