

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

**FILED**  
**Feb 25 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION  
 ANNUAL REPORT  
**1997**



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

**DOCUMENT # S56488 (7)**  
 1. Corporation Name  
**MICHAEL J'S PIZZARIA, INC.**



Principal Place of Business: **5686 CYPRESS GARDENS BLVD. WINTER HAVEN FL 33884**  
 Mailing Address: **5686 CYPRESS GARDENS BLVD. WINTER HAVEN FL 33884-2272**

3. Date Incorporated or Qualified: **06/03/1991**      3a. Date of Last Report: **05/01/1996**  
 4. FEI Number: **59-3064813**      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

2. Principal Place of Business: 21, 22, 23, 24  
 2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent  
**JARVIS, MICHAEL P.**  
**677 LAKE DEXTER CIRCLE**  
**WINTER HAVEN FL 33884**

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 - am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

|                 |                               |                                 |
|-----------------|-------------------------------|---------------------------------|
| TITLE           | <b>DPT</b>                    | <input type="checkbox"/> DELETE |
| NAME            | <b>JARVIS, MICHAEL P.</b>     |                                 |
| STREET ADDRESS  | <b>677 LAKE DEXTER CIRCLE</b> |                                 |
| CITY - ST - ZIP | <b>WINTER HAVEN FL</b>        |                                 |
| TITLE           | <b>SD</b>                     | <input type="checkbox"/> DELETE |
| NAME            | <b>QUICK, JEANNE M.</b>       |                                 |
| STREET ADDRESS  | <b>28571 ROLF</b>             |                                 |
| CITY - ST - ZIP | <b>WESTLAND MI</b>            |                                 |
| TITLE           |                               | <input type="checkbox"/> DELETE |
| NAME            |                               |                                 |
| STREET ADDRESS  |                               |                                 |
| CITY - ST - ZIP |                               |                                 |
| TITLE           |                               | <input type="checkbox"/> DELETE |
| NAME            |                               |                                 |
| STREET ADDRESS  |                               |                                 |
| CITY - ST - ZIP |                               |                                 |
| TITLE           |                               | <input type="checkbox"/> DELETE |
| NAME            |                               |                                 |
| STREET ADDRESS  |                               |                                 |
| CITY - ST - ZIP |                               |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                     |   |
|---------------------|---|
| 1.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME            |   |
| 1.3 STREET ADDRESS  |   |
| 1.4 CITY - ST - ZIP |   |
| 2.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME            |   |
| 2.3 STREET ADDRESS  |   |
| 2.4 CITY - ST - ZIP |   |
| 3.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME            |   |
| 3.3 STREET ADDRESS  |   |
| 3.4 CITY - ST - ZIP |   |
| 4.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME            |   |
| 4.3 STREET ADDRESS  |   |
| 4.4 CITY - ST - ZIP |   |
| 5.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME            |   |
| 5.3 STREET ADDRESS  |   |
| 5.4 CITY - ST - ZIP |   |
| 6.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> 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: *Michael P. Jarvis*      **REQUIRED**      Michael P. Jarvis      2/20/97      324-7410      941

CR2E034 (9/96)