FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 14 PM 3:41

DOCUMENT # **S59043** **(7)**

1. Corporation Name
TOMCZAK FINANCIAL GROUP, INC.

Principal Place of Business	Mailing Address
6965 113TH ST N SEMINOLE FL 34642	6965 113TH ST N SEMINOLE FL 34642

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/07/1991
3a. Date of Last Report: 02/15/1994

2. Principal Place of Business	2a. Mailing Address
21 12200 S. BELCHER Rd	26 12200 S. BELCHER Rd
Suite, Apt. #, etc 22	Suite, Apt. #, etc 27
City & State 23 LARGO, FL	City & State 28 LARGO, FL
Zip 24 34643 Country 25	Zip 29 34643 Country 30

4. FEI Number: 59-3073351 ☐ 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 § 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
TOMCZAK, DAVID 6965 113TH ST N SEMINOLE FL 34642	91 Name: DAVID TOMCZAK 92 Street Address (P.O. Box Number is Not Acceptable): 12200 S. Belcher Rd 93 94 City: LARGO FL 95 Zip Code: 34643

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: DAVID TOMCZAK — 1/15/95
Signature, typed or printed name of registered agent and title if applicable (DATE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PSD	11 TITLE	PSD	☒ Change ☐ Addition
NAME	TOMCZAK, DAVID	12 NAME	DAVID TOMCZAK	
STREET ADDRESS	6965 113TH ST N	13 STREET ADDRESS	12200 S. Belcher Rd	
CITY ST ZIP	SEMINOLE FL	14 CITY ST ZIP	LARGO, FL 34643	
TITLE	VTD	21 TITLE	VTD	☒ Change ☐ Addition
NAME	TOMCZAK, ANTHONY	22 NAME	ANTHONY TOMCZAK	
STREET ADDRESS	505 CAPRI BLVD	23 STREET ADDRESS	12200 S. Belcher Rd	
CITY ST ZIP	TREASURE ISLAND FL	24 CITY ST ZIP	LARGO, FL 34643	
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY ST ZIP		34 CITY ST ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY ST ZIP		44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY ST ZIP		

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)(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: DAVID TOMCZAK — 1/15/95 — 813-391-3170
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

045D087 FP

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/8/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S59508** **(9)**

1. Corporation Name
PITA'S OF TAMPA BAY, INC.

Principal Place of Business	Mailing Address
14614 N. DALE MABRY TAMPA FL 33624	14614 N. DALE MABRY TAMPA FL 33624

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **06/01/1991**
3a. Date of Last Report: **04/20/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26
4. FEI Number: **59-3067956** ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

City & State — 23
City & State — 28
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

Zip — 24 | Country — 25 | Zip — 29 | Country — 30
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

EL-KASRI, MOHAMMED
14614 N. DALE MABRY
TAMPA FL 33624

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] 06-09-95
Signature of or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	EL-KASRI, MOHAMMAD	12 NAME	
STREET ADDRESS	5105 E. FOWLER AVENUE	13 STREET ADDRESS	
CITY ST ZIP	TAMPA FL	14 CITY ST ZIP	
TITLE		21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY ST ZIP		24 CITY ST ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

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)(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 the 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (3/95)

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