

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **S81544** (6)

1. Corporation Name

**PIZZA U.S.A. OF NIAGARA, INC.**



Principal Place of Business

Mailing Address

**NIAGARA FACTORY OUTLET  
1900 MILITARY ROAD  
NIAGARA FALLS NY 14304  
US**

**2201 W SAMPLE ROAD  
BUILDING 9, SUITE 1B  
POMPANO BEACH FL 33073  
US**

3. Date Incorporated or Qualified  
**09/20/1991**

3a. Date of Last Report  
**05/01/1995**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 **1761 W. Hillsboro Blvd.**

22 City & State

27 Suite 401

23 Zip

Country

28 **Deerfield Beach, FL**

Zip

Country

24

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29 **33442**

30

4. FEI Number  
**65-0340767**

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WHALEN, NANCY  
2201 WEST SAMPLE ROAD  
BUILDING 9, SUITE 1B  
POMPANO BEACH FL 33073**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)  
**1761 W. Hillsboro Blvd.**

83 Suite 401

84 City

**Deerfield Beach**

FL

85 Zip Code  
**33442**

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE  
NAME **D CASTELLANO, M. MARK I**  
STREET ADDRESS **2201 W. SAMPLE ROAD., BLDG. 9 #1A**  
CITY - ST - ZIP **POMPANO BEACH FL**

1.1 TITLE ☒ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS **1761 W. Hillsboro Blvd. #401**  
1.4 CITY - ST - ZIP **Deerfield BEach, FL 33442**

TITLE ☐ DELETE  
NAME **D CASTELLANO, JOHN**  
STREET ADDRESS **2201 W. SAMPLE RD., BLDG. 9, #1A**  
CITY - ST - ZIP **POMPANO BCH. FL**

2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS **1761 W. Hillsboro Blvd. #401**  
2.4 CITY - ST - ZIP **Deerfield Beach, FL 33442**

TITLE ☐ DELETE  
NAME **P NEVIN, RAYMOND**  
STREET ADDRESS **2201 W. SAMPLE RD., BLDG. 9 #1B**  
CITY - ST - ZIP **POMPANO BCH. FL**

3.1 TITLE ☒ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS **1761 W. Hillsboro Blvd. #401**  
3.4 CITY - ST - ZIP **Deerfield Beach, FL 33442**

TITLE ☐ DELETE  
NAME **ST WHALEN, NANCY**  
STREET ADDRESS **2201 W. SAMPLE RD BLDG. 9 #1B**  
CITY - ST - ZIP **POMPANO BCH FL**

4.1 TITLE ☒ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS **1761 W. Hillsboro Blvd. #401**  
4.4 CITY - ST - ZIP **Deerfield Beach, FL 33442**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
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 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:

*Nancy L. Whalen*

Nancy L. Whalen

4/19/96

954-428-5660

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)