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PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

| GIUSEPPE'S PIZZA INC. | | | | | | | | | (1.4(1)) | 1(1)) ((1)) (10) |
|--|--|---|---|--|---|---|--|--|---|---|
| Principal Place of Business 5323 AIRPORT RD. NAPLES FL 33942 | | 532 | Mai'ing Address 5323 AIRPORT RD. NAPLES FL 33942 | | | | | | | |
| | | | | | | | 3. Date Incorporated or Qualified 02/11/1992 | | te of Last F 2/06/199 | • |
| Principal P | lace o Busines | s | 2a. N | failing Address | | | 4. FEI Number 65-0311472 | | | Applied For Not Applicable |
| Suite, Apt. #, etc. City & State | | | 27 S | Suite, Apt. #, etc. 27 City & State 28 | | | 5. Certificate of Status Desired | | \$8.75 Additional Fee Required | |
| | | | - | | | | 6. Election Campaign Financing Trust Fund Contribution | | | \$5.00 May Be Added to Fees |
| Zip | 2 | Country 5 | | ip | Countr | у | 8. This corporation has liability fo | or intangible to | · · · · · · · · · · · · · · · · · · · | |
| | 9. Name a | nd Address of Curr | rent Registe | red Agent | | | 10. Name and Address of New | Registered | Agent | |
| RINALDI, GIUSEPPE N. 5323 AIRPORT RD. NAPLES FL 33942 | | | | | 81 | Street Add | ress (P.O. Box Number is Not Accepta | able) | | |
| | | | | | 83 | | | | or 7 | p Code |
| | | | | | V- | * Uity | | FL | 85 Z | th Code |
| Pursuant register | to the provision | ns of Sections 607.05 | 02 and 607.1 | 1508, Florida Stat | utes, the above | named corpo | ration submits this statement for the p | urnose of ch | angino its | registered off |
| or register familiar wi | red agent, or b ith, and accept | oth, in the State of Fi the obligations of, Se printed name of registered as | orida. Such c ection 607,05 gent and title if app | hange was autho 05, Florida Statut Icable (| utes, the above- rized by the corr es. | poration's boa | rd of directors. I hereby accept the ap | urnose of ch | angino its | registered off d agent. I am |
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| or register familiar wi GNATURE 2. LF | red agent, or bith, and accept Signature, typed or P RINALDI, i | offi, in the State of Fi the obligations of, Si printed name of registered as OFFICERS / | orida. Such c ection 607,05 gent and title if app | hange was autho 05, Florida Statut Icable (| NOTE: Registered Age 13. 1.1 TITLE 1.2 NAME | poration's boa | rd of directors. I hereby accept the ap | urpose of ch pointment as part FICERS ANI | anging its registered | d agent. I am DRS IN 12 |
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