

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **V45019** (9)

1. Corporation Name

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



Principal Place of Business

Mailing Address

**HUNTINGTON BEACH MALL
7777 EDINGER AVE #207
HUNTINGTON BEACH CA 92647
US**

**2201 W. SAMPLE RD 9-1B
BLDG. 9
POMPANO BEACH FL 33073
US**

3. Date Incorporated or Qualified

06/22/1992

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.

Suite, Apt. #, etc.

22

City & State

27

Suite 401

City & State

23

Zip

Country

28

Deerfield Beach, FL 33442

Zip

Country

24

25

29

33442

30

4. FEI Number

65-0340762

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$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 W. SAMPLE RD.
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

85

Zip Code

FL 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, II**
STREET ADDRESS **2201 W. SAMPLE RD. 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 BEACH 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 #1A**
CITY-ST-ZIP **POMPANO BEACH 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 **S WHALEN, NANCY**
STREET ADDRESS **2201 W. SAMPLE RD. BLDG. 9 #1B**
CITY-ST-ZIP **POMPANO BEACH 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)