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 # **V57609** **(2)**

1. Corporation Name
20/20 PIZZA, INC.

Principal Place of Business	Mailing Address
8038 WILES ROAD CORAL SPRINGS FL 33065	8038 WILES ROAD CORAL SPRINGS FL 33065

3. Date Incorporated or Qualified: **08/14/1992**
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business
21: 2200 W GLADES RD
22: Suite, Apt. #, etc: #404
23: City & State: BOCA RATON FL
24: Zip: 33431
25: Country: USA

2a. Mailing Address
26: 2200 W GLADES RD
27: Suite, Apt. #, etc: #404
28: City & State: BOCA RATON FL
29: Zip: 33431
30: Country: USA

4. FEI Number: **65-0347129** ☐ 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

BROSNAHAN, ROBERT K.
2365 N.W. 43RD STREET
BOCA RATON FL 33431

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 _____ DATE
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent Signature required when changing)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE	P	☒ Change ☐ Addition
NAME	BROSNAHAN, ROBERT K		1.2 NAME	BROSNAHAN, ROBERT K	
STREET ADDRESS	2365 N.W. 43RD STREET		1.3 STREET ADDRESS	741 NE 36TH STREET	
CITY-ST-ZIP	BOCA RATON FL		1.4 CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE	S/T	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	BLACK, PAUL DAVID		2.2 NAME		
STREET ADDRESS	4763 VORHIES RD		2.3 STREET ADDRESS		
CITY-ST-ZIP	ANN ARBOR MI 48105		2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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: ROBERT BROSNAHAN Date (407) 367 7878
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #
PRESIDENT OF 20/20 PIZZA, INC