FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V62137

(7)

PAPA TONY RESTAURANT, INC.

FILED May 07 1998 8:00am Secretary of State

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Principal Place of Business	Mailing Address					
1068 LOTUS PKWY #821 ALTAMONTE SPRINGS FL 32714	1068 LOTUS PKWY #821 Altamonte Springs FL 32714	DO NOT WRITE IN THIS SPACE				
US	U\$	3. Date Incorporated or Qualified 09/04/1992				
2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied Fo			
n	[26]	59-3151013	Not Applic			
Suite. Apt #, etc	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additiona Fee Required			
0: 0.0:	51.06					

22	Suite, Apr #, etc		27 Sone, Ap	27		5. Certificate of Status Desired Fee Required	• •				
23	City & State		City & Sta 28	City & State			\$5.00 May Be Added to Fees				
24	Zip	Country 25	[Ζιρ	30	intry	try 8. This corporation owes or has paid the current year Intangib Personal Property Tax due June 30. ☐ Yes ☐ No					
g. Name and Address of Current Registered Agent				nt	I –	10. Name and Address of New Registered Agent	10. Name and Address of New Registered Agent				
ANADIMIU, MITTURI			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.

-8		,,,,,,	THE EXCHANGE			
SIGNATURE .	Signature: Typest or punit it name of togste estage of another	it applicable (NOTE	Registered Agent signature	required when reinstating) DATE		
12.	OFFICERS AND DIRECTORS			ADDITIONS/CHANGES TO OFFICERS AN	ND DIRECTOR	IS IN 12
TITLE	PSTD	DELFTE	1 1 TiTLE		Change	Addition
NAME	SAVASTANO, ANTHONY	^	1.2 NAME	ANTHONY SHUASTANO		
STREET ADDRESS	1068 LOTUS PKWY #821		13 STREET ADDRESS	14049 FAIRNA, 186, 15 VE	H-125	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL		1.4 CITY - ST - ZIP	ANTHONY SHUASTAND 14049 FAIRNA, ISE, DR ORLANDO FL. 32837		
TITLE		DELETE	2.1 TITLE		Change	Addition
NAME			2.2 NAME			
STREET ADDRESS			2.3 STREET ADDRESS			
CITY-ST-ZIP			2 4 CITY-ST-ZIP	<u> </u>		
TITLE		DELETE	3 1 TITLE		Change	Addition
HAME			3 2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY - ST - ZIP			3 4. CITY - ST - ZIP			
TITLE		☐ DELETE	4 1 TITLE		Change	Additio
NAME			4. 2 NAME			
STREET ADDRESS			4 3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY - S1 - 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-7IP	<u> </u>		
TITLE		☐ DELETE	6 1 TITLE		Change	Addition
NAME			62 NAME			
STREET ADDRESS			6.3 STREET ADDRESS	<u> </u>		
CITY-ST-ZIP			6.4 CITY - \$1 - ZIP	{		

14. I hereby certify that the unformation supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes, I further certify that the information indicated on this autuse report or suppliemental annular 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 of the receiver or trustee emplowered 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 of an arise term with an address.

SIGNATURE:

CHATURE AND TYPED OR PRINTED NAME OF BIONING OFFICER OR DIRECTO

8/28/98

401-251 5995