

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

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**Apr 03 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # **G03507** (2)  
1. Corporation Name  
**SABO'S PIZZA, INC.**



Principal Place of Business: **7448 HWY 21 N, KEYSTONE HGTS FL 32656 US**  
Mailing Address: **P.O. BOX 698, KEYSTONE HGTS FL 32656-0698 US**

2. Principal Place of Business (21-23)  
2a. Mailing Address (26-30)

3. Date Incorporated or Qualified: **10/07/1982**  
3a. Date of Last Report: **05/01/1996**  
4. FEI Number: **59-2281709**  
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  
**PREVATT, MYRON C., JR  
PALMETO AND NIGHTINGALE, P.O. DRAWER 790  
KEYSTONE HEIGHTS FL 32656**

10. Name and Address of New Registered Agent (81-85)

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>DST</b>	<input type="checkbox"/> DELETE
NAME	<b>SABO, ERAINE L</b>	
STREET ADDRESS	<b>RT-2 BOX-1015 - 5475 SE 3RD AVE</b>	
CITY-ST-ZIP	<b>KEYSTONE HGTS, FL 00000 32656</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>SABO, ROBERT J</b>	
STREET ADDRESS	<b>RT-2 BOX-1015 - 5475 SE 3RD AVE</b>	
CITY-ST-ZIP	<b>KEYSTONE HGTS, FL 00000 32656</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> DELETE
NAME	<b>SABO JR, ROBERT J</b>	
STREET ADDRESS	<b>804 HEBRON AVE - 8409 SR 100</b>	
CITY-ST-ZIP	<b>KEYSTONE HGTS FL Melrose FL 32666</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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: \_\_\_\_\_ SIGNATURE REQUIRED: **Eraine Sabo 3-31-97 350 11732807**

CR2E034 (9/96)