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

FILED
Mar 04 1996 8:00am
Secretary of State

DOCUMENT # **H63605** **(0)**

1. Corporation Name

HABJAN'S PIZZA, INCORPORATED

Principal Place of Business	Mailing Address
% NANCY M. HABJAN 10953 SEMINOLE BLVD. SEMINOLE FL 34648	% NANCY M. HABJAN 10953 SEMINOLE BLVD. SEMINOLE FL 34648

3. Date Incorporated or Qualified: 07/01/1985
3a. Date of Last Report: 03/02/1995

2. Principal Place of Business (21):
2a. Mailing Address (26):

Suite, Apt. #, etc. (22):
Suite, Apt. #, etc. (27):

City & State (23):
City & State (28):

Zip (24): Country (25):
Zip (29): Country (30):

4. FEI Number: NOT APPLICABLE ☐ 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

HABJAN, NANCY M.
10953 SEMINOLE BLVD.
SEMINOLE FL 34648

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 reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	HABJAN, FRANK L.		1.2 NAME		
STREET ADDRESS	10953 SEMINOLE BLVD.		1.3 STREET ADDRESS		
CITY-ST-ZIP	SEMINOLE FL		1.4 CITY-ST-ZIP		
TITLE	STD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	HABJAN, NANCY M.		2.2 NAME		
STREET ADDRESS	10953 SEMINOLE BLVD.		2.3 STREET ADDRESS		
CITY-ST-ZIP	SEMINOLE FL		2.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	HABJAN, DOUGLAS J.		3.2 NAME		
STREET ADDRESS	10953 SEMINOLE BOULEVARD		3.3 STREET ADDRESS		
CITY-ST-ZIP	SEMINOLE FL		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	500001730525	
STREET ADDRESS			5.3 STREET ADDRESS	-03/04/96--01043--005	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	***200.00	
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: Nancy M Habjan 2-20-96 813-391-5661
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #