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Mar 10 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 # J69201 (8)

1. Corporation Name
TAKI'S PIZZA NO. 1 OF LEESBURG, INC.



Principal Place of Business Mailing Address
% GARIFALIA TSOLAKIS 1324 NORTH BLVD LEESBURG FL 34748
% GARIFALIA TSOLAKIS 1324 NORTH BLVD LEESBURG FL 34748

3. Date Incorporated or Qualified 04/24/1987
3a. Date of Last Report 03/22/1996
4. FEI Number 59-2938434
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 [X] Yes [] No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 Zip Country 25 Country 29 Zip Country 30

9. Name and Address of Current Registered Agent
TSOLAKIS, GARIFALIA
1324 NORTH BLVD.
LEESBURG FL 32748

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS
TITLE [] DELETE
NAME D TSOLAKIS, GARIFALIA
STREET ADDRESS 1324 NORTH BLVD.
CITY - ST - ZIP LEESBURG FL
TITLE [] DELETE
NAME D TSOLAKIS, DEMETRIOS
STREET ADDRESS 1324 NORTH BLVD.
CITY - ST - ZIP LEESBURG FL
TITLE [] DELETE
NAME T TSOLAKIS, STEVE
STREET ADDRESS 1324 NORTH BLVD
CITY - ST - ZIP LEESBURG FL
TITLE [] DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP
TITLE [] DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP
TITLE [] DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE [] Change [] Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
2.1 TITLE [] Change [] Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
3.1 TITLE [] Change [] Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP
4.1 TITLE [] Change [] Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP
5.1 TITLE [] Change [] Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 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 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: _____ 3/5/97 352-787-2344
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)