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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # F45845 (7)
1. Corporation Name
EAST BALT. BAKERY OF FLORIDA, INC.

Principal Place of Business: **1801 WEST 31ST STREET CHICAGO IL 60608**
Mailing Address: **1801 WEST 31ST STREET CHICAGO IL 60608**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **09/23/1981** 3a. Date of Last Report: **06/02/1994**
4. FEI Number: **36-3184006** 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

2. Principal Place of Business: **1801 WEST 31ST STREET CHICAGO IL 60608**
2a. Mailing Address: **1801 WEST 31ST STREET CHICAGO IL 60608**
22. Suite, Apt. #, etc.: **CHICAGO IL 60608**
23. City & State: **CHICAGO IL 60608**
24. Zip: **60608** 25. Country: **IL**
26. Suite, Apt. #, etc.: **CHICAGO IL 60608**
27. City & State: **CHICAGO IL 60608**
28. Zip: **60608** 29. Country: **IL**
30. Zip: **60608** 31. Country: **IL**

9. Name and Address of Current Registered Agent
**UNITED STATES CORPORATION COMPANY
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301**

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	PTD
NAME	KUCHURIS, FRANK L
STREET ADDRESS	1801 WEST 31ST STREET
CITY-ST-ZIP	CHICAGO IL 60608
TITLE	V
NAME	PETENES, JOHN
STREET ADDRESS	1801 WEST 31ST STREET
CITY-ST-ZIP	CHICAGO IL 60608
TITLE	VS
NAME	KASE, JACK L
STREET ADDRESS	1801 WEST 31ST STREET
CITY-ST-ZIP	CHICAGO IL 60608
TITLE	V
NAME	PIMPINELLA, JAMES
STREET ADDRESS	1801 WEST 31ST STREET
CITY-ST-ZIP	CHICAGO IL 60608
TITLE	V
NAME	NEMECHEK, DAVE
STREET ADDRESS	1801 WEST 31ST STREET
CITY-ST-ZIP	CHICAGO IL 60608
TITLE	AS
NAME	HOMER, RICHARD
STREET ADDRESS	203 NORTH LASALLE STREET
CITY-ST-ZIP	CHICAGO IL 60601

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	S PAVISH, SUSAN E.
5.3 STREET ADDRESS	1801 WEST 31ST STREET
5.4 CITY-ST-ZIP	CHICAGO IL 60608
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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Susan E. Pavish* 4/13/95 912-376 4444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #