

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.**  
**AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
 Sandra B. Monham  
 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**

3. Date Incorporated or Qualified: **09/23/1981**  
 3a. Date of Last Report: **04/26/1995**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	<b>36-3184006</b>	Not Applicable
Suite, Apt #, etc.	Suite, Apt #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
22	27		
City & State	City & State	6. Election Campaign Financing	<input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
23	28	Trust Fund Contribution	
Zip	Zip	Country	Country
24	29	30	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

**UNITED STATES CORPORATION COMPANY**  
**1201 HAYS STREET**  
**SUITE 105**  
**TALLAHASSEE FL 32301**

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	11 TITLE	COB/CEO/T/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KUCHURIS, FRANK L	12 NAME	KUCHURIS, FRANK L
STREET ADDRESS	1801 WEST 31ST STREET	13 STREET ADDRESS	1801 WEST 31ST STREET
CITY-ST-ZIP	CHICAGO IL 60608	14 CITY-ST-ZIP	CHICAGO IL 60608 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	V	21 TITLE	P <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETENES, JOHN	22 NAME	PETENES, JOHN
STREET ADDRESS	1801 WEST 31ST STREET	23 STREET ADDRESS	1801 WEST 31ST STREET
CITY-ST-ZIP	CHICAGO IL 60608	24 CITY-ST-ZIP	CHICAGO IL 60608
TITLE	VS <input checked="" type="checkbox"/> DELETE	31 TITLE	
NAME	KASE, JACK L	32 NAME	
STREET ADDRESS	1801 WEST 31ST STREET	33 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL 60608	34 CITY-ST-ZIP	
TITLE	V	41 TITLE	
NAME	PIMPINELLA, JAMES	42 NAME	
STREET ADDRESS	1801 WEST 31ST STREET	43 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL 60608	44 CITY-ST-ZIP	
TITLE	S	51 TITLE	
NAME	PAVISH, SUSAN E	52 NAME	
STREET ADDRESS	1801 WEST 31ST STREET	53 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL	54 CITY-ST-ZIP	
TITLE	AS	61 TITLE	
NAME	HOMER, RICHARD	62 NAME	
STREET ADDRESS	203 NORTH LASALLE STREET	63 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL 60601	64 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 119.07(3)(c), 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 617, Florida Statutes, and that my name appears in Block 11 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Shawn E. Parnish* 7/29/96 312-376 4444  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day/Month/Year #

CR2E034 (3/96)