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**Mar 24 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 # M77026 (6)
1. Corporation Name
PITA BAKERIES OF AMERICA, INC.



Principal Place of Business
**5931 A MERRIL ROAD
JACKSONVILLE FL 32211-0424**

Mailing Address
**5931 A MERRIL ROAD
JACKSONVILLE FL 32277-3424**

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 04/14/1988	3a. Date of Last Report 02/26/1996
21. State, Apt. #, etc.	26. State, Apt. #, etc.	4. FEI Number 59-2890597	Applied For <input type="checkbox"/> Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Country	29. Country	30. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent
**ASSI, MELAD
2347 CHERYL DR
JACKSONVILLE FL 32217**

10. Name and Address of New Registered Agent
81. Name *Melad H. Assi*
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
FL 85. Zip Code

11. Pursuant to the provisions of Sections 607.050(2) and 607.11(3)(b), 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, and I am fully aware and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: _____ (INCORPORATED) _____ (REGISTERED AGENT SIGNATURE REQUIRED WHEN REINSTATE) _____ (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.1 TITLE	VP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.2 NAME	ASSI, ROSALINE	1.2 NAME	
12.3 STREET ADDRESS	2347 CHERYL DR	1.3 STREET ADDRESS	
12.4 CITY-STATE-ZIP	JACKSONVILLE FL	1.4 CITY-STATE-ZIP	
12.5 TITLE	P	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.6 NAME	ASSI, MELAD	2.2 NAME	
12.7 STREET ADDRESS	2347 CHERYL DR	2.3 STREET ADDRESS	
12.8 CITY-STATE-ZIP	JACKSONVILLE FL	2.4 CITY-STATE-ZIP	
12.9 TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.10 NAME		3.2 NAME	
12.11 STREET ADDRESS		3.3 STREET ADDRESS	
12.12 CITY-STATE-ZIP		3.4 CITY-STATE-ZIP	
12.13 TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.14 NAME		4.2 NAME	
12.15 STREET ADDRESS		4.3 STREET ADDRESS	
12.16 CITY-STATE-ZIP		4.4 CITY-STATE-ZIP	
12.17 TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.18 NAME		5.2 NAME	
12.19 STREET ADDRESS		5.3 STREET ADDRESS	
12.20 CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	
12.21 TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.22 NAME		6.2 NAME	
12.23 STREET ADDRESS		6.3 STREET ADDRESS	
12.24 CITY-STATE-ZIP		6.4 CITY-STATE-ZIP	

14. I do hereby certify that the information submitted 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: *Rosaline Assi* 2-19-97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)