FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

21

22



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M77026

PITA BAKERIES OF AMERICA, INC.

2a. Mailing Address

City & State

27

Suite, Apt. #, etc.

FILED Feb 13, 1999 8:00am Secretary of State

02-13-1999 90008 023 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Not Applicable

04/14/1988

59-2890597

5. Certifcate of Status Desired

6. Election Campaign Financing

4. FEI Number

Zip Country Zip Country 2p Size 2p 30	3		28				Trust Folia Contributio	n:	Added to	, 000
9. Name and Address of Current Registered Agent ASSI, MELAD 2247 CHERYL DR JACKSONVILLE FL 32217 84		Country	Zip		Country		8. This corporation owes	· -		-
9. Name and Address of Current Registered Agent ASSI, MELAD 2347 CHERIL DR JACKSONVILLE FL 32217 84 City FL 35 Zip Code* 85 Zip Code* 86 City FL 35 Zip Code* 87 Zip Code* 88 City FL 35 Zip Code* 88 City FL 35 Zip Code* 89 Zip Code* 89 Zip Code* 89 Zip Code* 80 Zip Code* 81 Zip Code* 81 Zip Code* 82 Zip Code* 83 Zip Code* 84 Zip Zip Code* 85 Zip Code* 86 Zip Code* 87 Zip Code* 87 Zip Code* 88 Zip Code* 88 Zip Code* 89 Zip Code* 80 Zi	4	25	29	30			Personal Property Tax	<u>. </u>	Yes [_INo
ASSI, MELAD 2347 CHERNL DR JACKSONVILLE FL 32217 82 Street Address (P.O. Box Number is Not Acceptable) 82 Street Address (P.O. Box Number is Not Acceptable) 83 City FL 85 Zip Code FL 85	<u> </u>	9. Name and Address of Current	Registered Agen	t			10. Name and Address of	of New Registered Age	nt	
### City ### Land ##	2347 CHERYL DR						ss (P.O. Box Number is Not	Acceptable)	and board of	W. 220
T1. 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 register of agent, I am familiar with, and accept the obligations of, Section 607.0503, Florida Statutes. SIGNATURE Signature, typed or prised name of registered agent and tale if applicable. (NOTE Registered Agent signature required when recisiosting). ASSI, ROSALINE 12. OFFICERS AND DIRECTORS IN 1 TITLE VP OREST ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 12. STREET ADDRESS ASSI, ROSALINE 12. NAME 12. OFFICERS AND DIRECTORS IN 1 TITLE ASSI, ROSALINE 12. NAME 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 14. ITITLE 15. TITLE 16. TITLE 17. TITLE 18. TITLE 19. OCHANGE ASSI, MELAD 22. NAME 23. STREET ADDRESS 24. CITY-ST-ZP 34. CITY-ST-ZP 34. CITY-ST-ZP 34. CITY-ST-ZP 35. STREET ADDRESS 36. CITY-ST-ZP 36. CITY-ST-ZP 37. STREET ADDRESS 38. STREET ADDRESS 39. STREET ADDRESS 30. STREET ADDRESS 40. CITY-ST-ZP 10. DELETE 40. TITLE 40. Change 40. AND TITLE 40. Chang					83					
agent.1 am familiar with, and accept the obligations of Section 607, S						•	e i de esta.	FL	`	
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 TITLE VP	· · · · · · · · · · · · · · · · · · ·	adistared agent or both in the State O	t Florida Such cha	inde was autho	xizea ov i	trie corporation	ration submits this statemen i's board of directors. I here	it for the purpose of char by accept the appointme	nging its r ent as reg	egistered istered
12.	SIGNATURE .	Signature, bysed or printed name of registered agent	and title if applicable.	(NOTE: Regi	istered Agen	t signature required	when reinstating)	DATE		
TITLE				i	:-			TO OFFICERS AND D	IRECTOF	RS IN 12
NAME ASSI, ROSALINE STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL TITLE P ASSI, MELAD STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL TITLE P ASSI, MELAD STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL TITLE DELETE JITTLE JACKSONVILLE FL TITLE DELETE JITTLE JACKSONVILLE FL TITLE JACKSONVILLE FL TITLE JACKSONVILLE FL DELETE JITTLE JACKSONVILLE FL TITLE JACKSONVILLE FL TITLE JACKSONVILLE FL DELETE JITTLE JACKSONVILLE FL TITLE JACKSONVILLE FL DELETE JITTLE JACKSONVILLE FL Change ACTY-ST-ZIP TITLE JACKSONVILLE FL CHANGE JACKSONVILLE FL DELETE JITTLE JACKSONVILLE FL CHANGE ACTY-ST-ZIP TITLE DELETE JACKSONVILLE FL CHANGE JACKSONVILLE FL JACKSONV				OELETE			** **()* ,0 *		Change	Addition
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54 CITY-ST-ZIP	NAME						73.			
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CITY-ST-ZIP 64 CITY-ST-ZIP	CITY-ST-ZIP	i ;			•					
14. 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 accurate and that my signature shall have the same legal effect as if made under oath; that I am an accurate and that my signature shall have the same legal effect as if made under oath; that I am an accurate and that my signature shall have the same legal effect as if made under oath; that I am an accurate and that my signature shall have the same legal effect as if made under oath; that I am an accurate and that my signature shall have the same legal effect as if made under oath; that I am an accurate and that my signature shall have the same legal effect as if made under oath; that I am an accurate and that my signature shall have the same legal effect as if made under oath; that I am an accurate and that my signature shall have the same legal effect as if made under oath; that I am an accurate and that my signature shall have the same legal effect as if made under oath; that I am an accurate and that my signature shall have the same legal effect as if made under oath; that I am an accurate a	44 11 1	certify that the information supplied with	h this filing does no	ot qualify for the	e exempti	ion stated in S	ection 119.07(3)(i), Florida S	Statutes. I further certify	that the in	formation

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, with all other like empowered.

SIGNATURE:

TORBAND TYPES OF PRINTED NAME OF SIGNING OFFICER ON DIRECTOR

Daytime Phone #

R2E034 (11/98)