

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Suzanne B. Mathews  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **M80892** (6)

1. Corporation Name

**BAKING INFORMATIONAL SERVICES, INC.**



Principal Place of Business

**13 WOODS LANE  
BOYNTON BEACH FL 33436**

Mailing Address

**13 WOODS LANE  
BOYNTON BEACH FL 33436**

2. Principal Place of Business

2a. Mailing Address

21. State, Apt., etc.

26. State, Apt., etc.

22. City & State

27. City & State

23. Zip

Country

28. Zip

Country

24. Country

25. Country

29. Country

30. Country

9. Name and Address of Current Registered Agent

**JAFFE, HAROLD  
13 WOODS LANE  
BOYNTON BEACH FL 33436**

3. Date Incorporated or Qualified

**05/16/1988**

3a. Date of Last Report

**01/13/1995**

4. FEI Number

**65-0051388**

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

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83. City

84. City

**FL**

85. Zip Code

11. Pursuant to the provisions of Sections 607.0600 and 607.1600, 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 607.0600, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

|                  |                               |                                 |
|------------------|-------------------------------|---------------------------------|
| 12.1             | DPS                           | <input type="checkbox"/> DELETE |
| NAME             | <b>JAFFE, HAROLD</b>          |                                 |
| STREET ADDRESS   | <b>13 WOODS LANE</b>          |                                 |
| CITY, STATE, ZIP | <b>BOYNTON BEACH FL 33436</b> |                                 |
| 12.2             |                               | <input type="checkbox"/> DELETE |
| NAME             |                               |                                 |
| STREET ADDRESS   |                               |                                 |
| CITY, STATE, ZIP |                               |                                 |
| 12.3             |                               | <input type="checkbox"/> DELETE |
| NAME             |                               |                                 |
| STREET ADDRESS   |                               |                                 |
| CITY, STATE, ZIP |                               |                                 |
| 12.4             |                               | <input type="checkbox"/> DELETE |
| NAME             |                               |                                 |
| STREET ADDRESS   |                               |                                 |
| CITY, STATE, ZIP |                               |                                 |
| 12.5             |                               | <input type="checkbox"/> DELETE |
| NAME             |                               |                                 |
| STREET ADDRESS   |                               |                                 |
| CITY, STATE, ZIP |                               |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|       |                  |                                                                              |
|-------|------------------|------------------------------------------------------------------------------|
| 13.1  | NAME             | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 13.2  | NAME             |                                                                              |
| 13.3  | STREET ADDRESS   |                                                                              |
| 13.4  | CITY, STATE, ZIP |                                                                              |
| 13.5  | NAME             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 13.6  | NAME             |                                                                              |
| 13.7  | STREET ADDRESS   |                                                                              |
| 13.8  | CITY, STATE, ZIP |                                                                              |
| 13.9  | NAME             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 13.10 | NAME             |                                                                              |
| 13.11 | STREET ADDRESS   |                                                                              |
| 13.12 | CITY, STATE, ZIP |                                                                              |
| 13.13 | NAME             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 13.14 | NAME             |                                                                              |
| 13.15 | STREET ADDRESS   |                                                                              |
| 13.16 | CITY, STATE, ZIP |                                                                              |
| 13.17 | NAME             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 13.18 | NAME             |                                                                              |
| 13.19 | STREET ADDRESS   |                                                                              |
| 13.20 | CITY, STATE, 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)(k), Florida Statutes. I further certify that the information included 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 newly added, in an addition.

SIGNATURE: Harold Jaffe - PRESIDENT + DIRECTOR

SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/96 407-737-1987

CR2E034 (12/95)