

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

**FILED**  
**Apr 08 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

**DOCUMENT # P93000002824 (9)**

1. Corporation Name  
**NCN BAKERY, INC.**



Principal Place of Business <b>1703 MAIN STREET                  SARASOTA FL 34236</b>	Mailing Address <b>1703 MAIN STREET                  SARASOTA FL 34236-5812</b>
---	--

3. Date Incorporated or Qualified <b>01/13/1993</b>	3a. Date of Last Report <b>06/17/1996</b>
--	--

2. Principal Place of Business	2a. Mailing Address <b>PO Box 3319</b>	4. FEI Number <b>59-3161117</b>	Applied For <input type="checkbox"/> Not Applicable
21. Suite, Apt #, etc.	26. Suite, Apt #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
22. City & State	27. City & State <b>SARASOTA FL</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
23. Zip	28. Zip <b>34230</b>	Country <b>USA</b>	7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
24. Country	29. Country	30. Country	

9. Name and Address of Current Registered Agent <b>HRONCICH, CARMEN                  1703 MAIN ST.                  SARASOTA FL 34236</b>	10. Name and Address of New Registered Agent 81. Name <b>NICHOLAS CASTRONUOVO</b> 82. Street Address (P.O. Box Number is Not Acceptable) <b>1703 MAIN STREET</b> 83. 84. City, State, Zip Code <b>SARASOTA FL 34236</b>
--	--

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 provisions of, Section 607.0505, Florida Statutes.

SIGNATURE: *[Signature]* DATE: **3/31/97**

Signature: typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <input type="checkbox"/> DELETE	<b>S</b>	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>VP</b>
NAME	<b>NICHOLAS, CASTRONUOVO</b>	1.2 NAME	<b>CASTRONUOVO, NICHOLAS</b>
STREET ADDRESS	<b>3115 E. VINA DEL MAR BLVD</b>	1.3 STREET ADDRESS	<b>3115 E. VINA DEL MAR BLVD</b>
CITY - ST - ZIP	<b>ST. PETE BEACH FL</b>	1.4 CITY - ST - ZIP	
TITLE <input type="checkbox"/> DELETE	<b>P</b>	2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	<b>P</b>
NAME	<b>MELONE, NICK</b>	2.2 NAME	<b>NICK MELONE</b>
STREET ADDRESS	<b>1703 MAIN ST.</b>	2.3 STREET ADDRESS	<b>1703 MAIN ST</b>
CITY - ST - ZIP	<b>SARASOTA FL 34236</b>	2.4 CITY - ST - ZIP	<b>SARASOTA FL 34236</b>
TITLE <input type="checkbox"/> DELETE		3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE <input type="checkbox"/> DELETE		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE <input type="checkbox"/> DELETE		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE <input type="checkbox"/> DELETE		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do 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 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, unchanged, or in an attachment with an address.

SIGNATURE: *[Signature]* DATE: **3/31/97**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)