

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortman  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P93000063319 (6)**

1. Corporation Name  
**LIQUID BREAD, INC.**



Principal Place of Business: **1007 LAQUINTA DR SUITE 101A ORLANDO FL 32809 US**  
Mailing Address: **1007 LA QUINTA DR SUITE 101A ORLANDO FL 32809 US**

3. Date Incorporated or Qualified: **09/10/1993**  
3a. Date of Last Report: **04/07/1995**

2. Principal Place of Business (21-24)  
2a. Mailing Address (26-30)

4. FEI Number: **59-3200292**  
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

9. Name and Address of Current Registered Agent  
**CHEEK, LEON B III  
2601 WELLS AVENUE, SUITE 101  
FERN PARK FL 32730**

10. Name and Address of New Registered Agent (81-85)

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 607.0503, Florida Statutes.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOENCH, TOM	1.2 NAME	
STREET ADDRESS	2450 ABSHER RD	1.3 STREET ADDRESS	
CITY-STATE-ZIP	NARCOOSSE FL	1.4 CITY-STATE-ZIP	
TITLE	DP	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHEEK, JOHN D	2.2 NAME	
STREET ADDRESS	1007 LA QUINTA DR	2.3 STREET ADDRESS	
CITY-STATE-ZIP	ORLANDO FL	2.4 CITY-STATE-ZIP	
TITLE	DC	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALLEN, BETTY A	3.2 NAME	
STREET ADDRESS	1007 LA QUINTA DR	3.3 STREET ADDRESS	
CITY-STATE-ZIP	ORLANDO FL	3.4 CITY-STATE-ZIP	
TITLE	DTS	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLANNING, JILLIAN H	4.2 NAME	
STREET ADDRESS	1007 LA QUINTA DR	4.3 STREET ADDRESS	
CITY-STATE-ZIP	ORLANDO FL	4.4 CITY-STATE-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, CAROL	5.2 NAME	
STREET ADDRESS	2450 ABSHER RD.	5.3 STREET ADDRESS	
CITY-STATE-ZIP	NARCOOSSE FL	5.4 CITY-STATE-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-ZIP	

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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 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 hereof, or in an attachment with an address.

SIGNATURE: *[Signature]* C.E.O. DATE: 4/5/96 (1407) 888-3533  
C/S 4/18/96

CR2E034 (12/95)