

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

FILED

**Feb 11 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000063319 (6)
1. Corporation Name
LIQUID BREAD, INC.



Principal Place of Business 2312 CLARK STREET #8 APOPKA FL 32703 US	Mailing Address 2312 CLARK STREET #8 APOPKA FL 32703 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 09/10/1993	
4. FEI Number 59-3200292	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**CHEEK, LEON B III
2801 WELLS AVENUE, SUITE 101
FERN PARK FL 32730**

10. Name and Address of New Registered Agent

81 Name Jillian Blanning	
82 Street Address (P.O. Box Number is Not Acceptable) 2312 Clark St # 8	
83	
84 City Apopka	85 Zip Code FL 32703

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 607.0505, Florida Statutes.

SIGNATURE *Jillian H Blanning* *Jillian H Blanning* DATE **2/3/98**

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

12. OFFICERS AND DIRECTORS

TITLE	DCEO <input type="checkbox"/> DELETE
NAME	CHEEK, JOHN D
STREET ADDRESS	1007 LA QUINTA DR
CITY-ST-ZIP	ORLANDO FL
TITLE	DC <input type="checkbox"/> DELETE
NAME	ALLEN, BETTY A
STREET ADDRESS	1007 LA QUINTA DR
CITY-ST-ZIP	ORLANDO FL
TITLE	DTS <input type="checkbox"/> DELETE
NAME	BLANNING, JILLIAN H
STREET ADDRESS	1007 LA QUINTA DR
CITY-ST-ZIP	ORLANDO FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	2312 Clark St # 8
1.4 CITY-ST-ZIP	Apopka FL 32703
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	2312 Clark St # 8
2.4 CITY-ST-ZIP	Apopka FL 32703
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	2312 Clark St # 8
3.4 CITY-ST-ZIP	Apopka FL 32703
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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 if changed, or on an attachment with an address.

SIGNATURE *Jillian H Blanning* *Jillian H Blanning* **407-888-3533**

CR2E034 (10/97)