

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

**FILED**  
**Mar 02 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P96000092465 (9)**  
 1. Corporation Name  
**EUROPEAN AMERICAN BAKERY, INC.**

Principal Place of Business <b>13026 STATE ROAD 80 FT. MYERS FL 33905</b>	Mailing Address <b>13026 STATE ROAD 80 FT. MYERS FL 33905</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	
21 <b>13026 Palm Beach Blvd</b>	26 <b>13026 Palm Beach Blvd</b>		
22 <b>0</b>	27 <b>0</b>		
23 <b>Ft. Myers FL</b>	28 <b>Ft. Myers FL</b>		
24 <b>33905</b>	25 <b>USA</b>	29 <b>33905</b>	30 <b>USA</b>

3. Date Incorporated or Qualified <b>11/12/1996</b>	4. FEI Number <b>APPLIED FOR 65-0720712</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent

**SAVICH, SAM**  
**13026 STATE ROAD 80**  
**FT. MYERS FL 33905**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>
85 Zip Code	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	SAVICH, SAM	
STREET ADDRESS	11841 FOX HILL ROAD	
CITY-ST-ZIP	N. FT. MYERS FL 33917	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	SAVICH, ZLATA	
STREET ADDRESS	11841 FOX HILL ROAD	
CITY-ST-ZIP	N. FT. MYERS FL 33917	
TITLE	S	<input type="checkbox"/> DELETE
NAME	SAVICH, MICHAEL A	
STREET ADDRESS	13026 STATE ROAD 80	
CITY-ST-ZIP	FT. MYERS FL 33905	
TITLE	T	<input type="checkbox"/> DELETE
NAME	SAVICH, MELANIE	
STREET ADDRESS	13026 STATE ROAD 80	
CITY-ST-ZIP	FT. MYERS FL 33905	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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: *Melanie Savich* Melanie Savich Treasurer 2-9-98 694-79104

CR2E084 (10/97)