

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

**PROFIT
CORPORATION
ANNUAL REPORT
1996**



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

DOCUMENT # 313457

1. Corporation Name

Rockaway Garden Bakery, Inc.
1810 Michigan Ave
Miami Beach FL 33139

Principal Place of Business

Mailing Address

1810 Michigan Ave
Miami Beach FL 33139

2. Principal Place of Business

21 Suite, Apt. #, etc

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 1810 Michigan Ave, Miami Beach FL

27 Suite, Apt. #, etc

27 Miami Beach

28 City & State

28 FL

29 Zip

29 33139

30 Country

30 USA

3. Date Incorporated or Qualified

2-6-67

3a. Date of Last Report

6-5-95

4. FET Number

59-1158005

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

9. Name and Address of Current Registered Agent

STARR, RITA
1810 Michigan Ave
Miami Beach FL 33139

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1505, 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

Signature of person who is the registered agent or the incorporator

Signature of Registered Agent or incorporator who is not the incorporator

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME P/S/D
STARR, RITA
STREET ADDRESS 1810 Michigan Ave
CITY-STATE-ZIP Miami Beach FL 33139

TITLE ☐ DELETE

NAME V/T/D
STARR, SARAH
STREET ADDRESS 1965 S. Ocean Dr., #140
CITY-STATE-ZIP Hallandale FL 33009

TITLE ☐ DELETE

NAME STARR, STEVEN
STREET ADDRESS 4590 Prairie Ave
CITY-STATE-ZIP Miami Beach FL 33140

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

300001844573
-05/30/96--01056--016
***225.00

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 if changed, or on an attachment with an address.

SIGNATURE:

RITA STARR Rita Starr
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-20-96 305 538-3583
DATE DAY OF MONTH YEAR

CR2E034 (12/95)