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

PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name

DOCUMENT # 313457



FLORIDA DEPARTMENT OF STATE

DIVISION OF CORPORATIONS

Katherine Harris Secre ary of State

FILED Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90155 032 ***150.00

ROCKAWAY GARDEN BAKERY INC Principal Flace of Business Mailing Address 1810 MICHIGAN AVE. 1810 MICHIGAN AVE. MIAMI BEACH FL 33139 MIAMI BEACH FL 33139 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 02/06/1967 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For No: Applicable 26 <u>59-1158005</u> 21 Suite, Apt. #, etc. Suite, Apt. #, etc. **\$8.75** / dditional 5. Certificate of Status Desired Fee Required 27 22 City & State \$5.00 May Be City & State 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Zip Country Zio Cou itry 8. This corporation owes the current year Intangible ⊠No Personal Property Tax. 30 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name STARR, RITA Street Address (P.O. Box Number is Not Acceptable) 82 1310 MICHIGAN AVE MIAMI BEACH FL 33139 83 Zip Code 85 84 City FL 11. Pursuant to the provisions of Sections 607.050? and 607.1508, Florida Statites, 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 obliga ions of, Section 607.0505, Florida Statutes.

SIGNATURE	Signature, typed or printed name of registered agent and title if applicable (NO E; Registered Agent signature recuired when reinstating						
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR		RS IN 12	
TITLE	PSD	☐ DELETE	11 TITLE			☐ Change	☐ Addition
NAME	STARR, RITA		1.2 NAME				
STREET ADDR:SS	1810 MICHIGAN AVE.		1.3 STREET ADDRESS				
CITY-ST-ZIP	MIAMI BCH. FL 33139		1.4 CITY-ST-ZIP				
TITLE	VTD	▼ DELETE	2.1 TITLE			Change	☐ Addition
NAME	STARR, SARAH		2.2 NAME				
STREET ADDRESS	1965 S. OCEAN DR.		2.3 STREET ADDRESS				ļ
CITY-ST-ZIP	HALLANDALE FL 33009		2. 4 CITY-ST-ZIP				
TITLE	<u></u>	DELETE	3.1 TITLE			Change	☐ Addition
NAME	STARR, STEVEN		3.2 NAME				
STREET ADDRESS	4590 PRAIRIE AVE.		3.3 STREET ADDRESS				
CITY-ST-ZIP	MIAMI BCH. FL 33140		3.4. CITY-ST-ZIP				
TITLE		☐ DELETE	4.1 TITLE			☐ Change	Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP			4.4 CITY- ST- ZIP				
TITLE		☐ DELETE	5.1 TITLE			Change	Addition \
NAME			52 NAME				
STREET ADDRESS			5 3 STREET ADDRESS				i
CITY-ST-ZIP			54 CITY-ST-ZIP				
TITLE		☐ DELETE	6.1 TITLE			☐ Change	☐ Addition
NAME			6.2 NAME				
STREET ADDRI'SS			6.3 STREET ADDRESS				
CITY-ST-ZIP			6 4 CITY-ST-ZIP	. 			
14. Liberely certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.0" (3)(i). Florida Statutes. I further certify that the information							

indicated on this annual report or supplied with this limit does not quality on the exemption islated in occuping 19.0 (o)(i), Florida Statutes. Higher part 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 tha my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.