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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 495721

(3)

FRENCH BREAD INC.

Principal Place of Business Mailing Address 3200 N. FEDERAL HWY. 175 411B 411B FT. LAUDERDALE FL 33306 FT. LAUDERDALE FL 33306			-			
US		US		3. Date incorporated or Qualified 05/25/1976	3a. Date of Last Report 04/11/1996	
2. Princip.	at Place of Business	2a. Mailing Address 26			4. FEI Number 59-1670663	Applied For Not Applicable
Suite, <i>I</i>	Api #, etc	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & :	State	City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Ζφ 24	Country 25		Coun	try		Yes No
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Re	gistered Agent
	Kurtz, Peter		*	Name		
STORE 411B 3200 N. FEDERAL HIGHWAY FT. LAUDERDALE FL 33306				82 Street Address (P.O. Box Number is Not Acceptable)		
			!	33		
				City	The state of the s	FL 85 Zip Code
office agent	or registe/ed agent, or both, in the State : I am familiar with, and accept the oblig	e of Florida. Such change was a	uthorized	by the core	corporation submits this statement for the p coration's board of directors. I hereby accep	urpose of changing its registered of the appointment as registered
SIGNATUR	RE Signature, typical or printed name of registered ag	ent and title it emplicable /NOTE	Registered :	Anent signature	required when reinstating)	DATE
12.	75	ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE	
TITLE	VSD	DELETE	1.1 TITL	ŧ		Change Addition
NAME	KURTZ, REBECCA		1.2 NAN	AE .		
STREET ADDRE	2840 N.E. 9TH CT.		1.3 STR	EET ADDRESS		
CITY-ST-ZIP	POMPANO BEACH FL		1.4 CITY	r-St-ZIP		
TITLE	PTD	DELETE	2.1 TITL			Change Addition

2.2 NAME

3.1 TITLE

3.2 NAME

4.1 TITLE

4. 2 NAME

5.1 TITLE

5.2 NAME 5.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

DELETE

DELETE

DELETE

DELETE

2.3 STREET ADDRESS

33 STREET ADDRESS 34. CITY-ST-ZIP

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.4 CITY - ST - ZIP

2 4 CITY-ST-ZIP

STREET ADDRESS 63 STREET ADDRESS 64 CITY-ST-ZIP CITY-ST-7/2 14. I do hereby certify that the information supplied with this filling 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

SIGNATURE:

TOLE

NAME STREET ADDRESS

THE

NAME

TITLE NAME

THLE

NAME

STREET ADDRESS

CITY - S1 - 200

CITY-ST-78

STREET ADORESS

STREET ADDRESS CITY - ST - ZIP

CITY-ST-ZIP

KURTZ, PETER

2840 N.E. 9TH CT.

POMPANO BEACH FL

FILED

Apr 15 1997 8:00am

Secretary of State

☐ Change

Change

Change

Change

Addition

Addition

Addition

Addition