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

	MENT # 637289 I'S BAKERY, INC.	(0)					
Principal Place of Business Mailing Address 3828 W NEPTUNE 3828 W NEPTUNE TAMPA FL 33629 TAMPA FL 33629-5814				' I 198110 FITOS CERT IODIG 11991 1910 TOH	di bii ti qii bibii bibii bibii	24041 1301	
					3. Date Incorporated or Qualified 08/02/1979	3a. Date of Last I 03/28/1996	Report
2. Principal P	lace of Business	28. Mailing Address			4. FEI Number 59-1973358	I	pplied For
Suite, Apt	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	□ \$8.75	Additional Regulred
City & State	e	City & State			6. Election Campaign Financing Trust Fund Contribution) May Be I to Fees
Zip 24	Country 25	Zıp	Country 30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No		
	9. Name and Address of Currer	nt Registered Agent			10. Name and Address of New Re	gistered Agent	
BACCARELLA, DOMINIC 4144 N. ARMENIA AVENUE STE 210 TAMPA FL 33607			8	33	iress (P.O. Box Number is Not Acceptat		
				Gity			Code
SIGMATURE	Signature: typed or printed name of registered ag-				poration submits this statement for the pation's board of directors. I hereby acception with the patient of the patient when releating a ADDITIONS/CHANGES TO OFFICE ADDITIONS/CHANGES ADDITIONS/CHANG	DATE	
701.6	PD	D DELETE		E		Change	Addition
NAME	KALUPA,MICHAEL	-IAEL		AE			_
STREET ADDRESS	AAAA MARAY MARANINE			EET ADDRESS			1
City St-Zip				-ST-ZIP]
TITLE	D	DELETE	2.1 TITE			Change	Addition
NAME	BACCARELLA, DOMINIC J.						
STREET ADDRESS	AAAA MEAT MEATINE			EET ADDRESS			
CHY-ST-ZIP	TAMPA FL			Y-ST-ZIP			i
TIFLE			3.1 TITE			Change	Addition
NAME	KALUPA, SUSAN T	13.21		1			
STREET ADDRESS	3828 WEST NEPTUNE			EET ADDRESS			
CHY- \$1 - 20P	TAMPA FL		3.4. CIT	Y-ST-ZIP			Ì
TillE		DELETE	4.1 TITE			☐ Change	Addition
NAME			4. 2 NAJ	vie .			
STREET ADDRESS				EET ADDRESS]
CITY-ST-ZIP			4.4 CITY	-ST-ZIP			1
THLE		☐ DELETE	5.1 TITL			☐ Change	☐ Addition
NAME			5.2 NAN	AE]			
STREET ADDRESS				EET ADDRESS			
CHY-SI-ZIP				-ST-ZIP			
HILF		DELETE	6.1 T(TL			Change	Addition
NAME			6.2 NAN			— *	·
STREET ADDRESS				EET ADDRESS			
CITY-ST-ZIP				r-ST-ZIP			
	l by certify that the information supplie	ed with this filing does not quali			ed in Section 119.07(3)(i). Florida Statute	s. I further certify the	t the

information indicated on this annual report or supplied with rins tiling does not quality for the exemption stated in Section F19.07(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:

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/97

Dautime Phone #

FILED

May 12 1997 8:00am

Secretary of State