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Mar 05 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # 815111

(0)

1. Corporation Name  
NATIONAL BAKERS SERVICES INC

Principal Place of Business  
1747 VAN BUREN STREET  
HOLLYWOOD FL 33020

Mailing Address  
2 SOUTH UNIVERSITY DR  
STE 330  
PLANTATION FL 33324-3307  
US



3. Date Incorporated or Qualified  
03/08/1961

3a. Date of Last Report  
02/02/1996

4. FEI Number  
59-0953824

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

2. Principal Place of Business  
21 2 South University Dr.

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 330

27

City & State

City & State

23 Plantation, FL

28

Zip Country

Zip Country

24 33324-3307

25 USA

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KRBLICH, CHARLES A  
M.A. CABRERA & CO, P.A.  
2 S. UNIV DR, STE 330  
PLANTATION FL 33324

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 607.1508, 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

Signature: typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE ☒ Change ☐ Addition

NAME  
D DIMAGGIO, VICTOR J  
STREET ADDRESS  
1747 VAN BUREN ST  
CITY-ST-ZIP  
HOLLYWOOD, FL 00000

1.2 NAME  
1.3 STREET ADDRESS  
2129 Harbor Way  
1.4 CITY-ST-ZIP  
Fort Lauderdale, FL 33326

TITLE ☐ DELETE

2.1 TITLE ☒ Change ☐ Addition

NAME  
PTD KASWAN, JOEL  
STREET ADDRESS  
1747 VAN BUREN ST  
CITY-ST-ZIP  
HOLLYWOOD, FL 00000

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
3600 W Commercial Blvd., #103  
Fort Lauderdale, FL 33309

TITLE ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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: Victor J. DiMaggio

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

954-476-2008

CR2E034 (9/96)