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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 815111

1. Corporation Name
NATIONAL BAKERS SERVICES INC

Principal Place of Business
2 SOUTH UNIVERSITY DRIVE
STE 330
PLANTATION FL 33324-307
US

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/08/1961

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business
21 1121 E Broward Blvd

2a. Mailing Address
26 1121 E Broward Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
23 Fort Lauderdale FL

City & State
28 Fort Lauderdale FL

Zip Country
24 33301 25 US

Zip Country
29 33301 30 US

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
Charles A. Krblich, Charles A. Krblich, P.A.

82 Street Address (P.O. Box Number is Not Acceptable)
1121 E Broward Blvd

83

84 City
Fort Lauderdale FL 85 Zip Code
33301

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

Charles A. Krblich

(NOTE: Registered Agent signature required when reinstating)

2/11/99

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME D
STREET ADDRESS DIMAGGIO, VICTOR J
CITY-ST-ZIP 2129 HARBOR WAY
FORT LAUDERDALE FL

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME PTD
STREET ADDRESS KASWAN, JOEL
CITY-ST-ZIP 3600 W. COMEMRCIAL BLVD. STE 103
FORT LAUDERDALE FL

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for an 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 correct 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 and all other like empowered.

SIGNATURE

Joel Kaswan
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)