

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F22703** (5)

1. Corporation Name
RENATO'S BAKERY, INC.



Principal Place of Business: **C/O LUCIA ZEPPIERI 870 N.A1A INDIALANTIC FL 32903**
Mailing Address: **C/O LUCIA ZEPPIERI 870 N.A1A INDIALANTIC FL 32903**

3. Date Incorporated or Qualified 03/10/1981	3a. Date of Last Report 01/27/1995
4. FEI Number 59-2074608	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21. State, Apt. #, etc. 22. City & State 23. Zip 24. Country	2a. Mailing Address 26. State, Apt. #, etc. 27. City & State 28. Zip 29. Country
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9. Name and Address of Current Registered Agent

**ZEPPIERI, LUCIA
881 N. A1A
INDIALANTIC FL 32903**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
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: *Lucia Zeppieri* DATE: **1-22-96**

12. OFFICERS AND DIRECTORS

1. TITLE	STD	<input type="checkbox"/> DELETE
2. NAME	ZEPPIERI, LUCIA	
3. STREET ADDRESS	870 NORTH A1A	
4. CITY- ST- ZIP	INDIALANTIC, FL 00000	
1. TITLE	PD	<input type="checkbox"/> DELETE
2. NAME	ZEPPIERI, RENATO	
3. STREET ADDRESS	870 NORTH A1A	
4. CITY- ST- ZIP	INDIALANTIC, FL 00000	
1. TITLE		<input type="checkbox"/> DELETE
2. NAME		
3. STREET ADDRESS		
4. CITY- ST- ZIP		
1. TITLE		<input type="checkbox"/> DELETE
2. NAME		
3. STREET ADDRESS		
4. CITY- ST- ZIP		
1. TITLE		<input type="checkbox"/> DELETE
2. NAME		
3. STREET ADDRESS		
4. CITY- ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. 1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. 2. NAME	
3. 3. STREET ADDRESS	
4. 4. CITY- ST- ZIP	
1. 1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. 2. NAME	
3. 3. STREET ADDRESS	
4. 4. CITY- ST- ZIP	
1. 1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. 2. NAME	
3. 3. STREET ADDRESS	
4. 4. CITY- ST- ZIP	
1. 1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. 2. NAME	
3. 3. STREET ADDRESS	
4. 4. CITY- ST- ZIP	
1. 1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. 2. NAME	
3. 3. STREET ADDRESS	
4. 4. CITY- ST- ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Lucia Zeppieri* DATE: **1-22-96** TELEPHONE: **407-723-7134**

CR2E034 (12/95)