

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

FILED
Feb 04 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F45845** (7)

1. Corporation Name
EAST BALT. BAKERY OF FLORIDA, INC.

Principal Place of Business 1801 WEST 31ST STREET CHICAGO IL 60608	Mailing Address 1801 WEST 31ST STREET CHICAGO IL 60608
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/23/1981		3a. Date of Last Report 08/07/1996	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 36-3184006		Applied For <input type="checkbox"/> Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent UNITED STATES CORPORATION COMPANY 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301				10. Name and Address of New Registered Agent			
				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	CTD	<input type="checkbox"/> DELETE	1.1 TITLE	CHAIRMAN, DIRECTOR			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KUCHURIS, FRANK L		1.2 NAME				
STREET ADDRESS	1801 WEST 31ST STREET		1.3 STREET ADDRESS				
CITY-ST-ZIP	CHICAGO IL		1.4 CITY-ST-ZIP				
TITLE	P	<input type="checkbox"/> DELETE	2.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETENES, JOHN		2.2 NAME				
STREET ADDRESS	1801 WEST 31ST STREET		2.3 STREET ADDRESS				
CITY-ST-ZIP	CHICAGO IL		2.4 CITY-ST-ZIP				
TITLE	VS	<input checked="" type="checkbox"/> DELETE	3.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KASE, JACK L		3.2 NAME				
STREET ADDRESS	1801 WEST 31ST STREET		3.3 STREET ADDRESS				
CITY-ST-ZIP	CHICAGO IL 60608		3.4 CITY-ST-ZIP				
TITLE	V	<input type="checkbox"/> DELETE	4.1 TITLE	EXECUTIVE VICE PRESIDENT			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PIMPINELLA, JAMES		4.2 NAME				
STREET ADDRESS	1801 WEST 31ST STREET		4.3 STREET ADDRESS				
CITY-ST-ZIP	CHICAGO IL 60608		4.4 CITY-ST-ZIP				
TITLE	S	<input type="checkbox"/> DELETE	5.1 TITLE	VICE PRESIDENT			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PAVISH, SUSAN E		5.2 NAME				
STREET ADDRESS	1801 WEST 31ST STREET		5.3 STREET ADDRESS				
CITY-ST-ZIP	CHICAGO IL		5.4 CITY-ST-ZIP				
TITLE	AS	<input type="checkbox"/> DELETE	6.1 TITLE	VICE PRESIDENT			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOMER, RICHARD		6.2 NAME	JOHN T. BOROWSKI			
STREET ADDRESS	203 NORTH LASALLE STREET		6.3 STREET ADDRESS	1801 W. 31ST PLACE			
CITY-ST-ZIP	CHICAGO IL 60601		6.4 CITY-ST-ZIP	CHICAGO IL 60608			

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: *Susan E Pavis*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/97 *773-376-4444*
Date Daytime Phone #