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PROFIT CORPORATION ANNUAL REPORT 1997



LLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F9600001342 (2)

BAVARIAN DELI & BAKERY CORPORATION

Principal Place of Business Mailing Address

801 W. LEXINGTON
INDEPENDENCE MO 64050 INDEPENDENCE MO

FILED Apr 25 1997 8:00am Secretary of State



SOI W. LEXINGTON INDEPENDENCE MO 84050		501 W. LEXINGTON INDEPENDENCE MO 64050-3648					
					3. Date Incorporated or Qualified 03/15/1996	3a. Date of	Last Report
2. Principal Place of Business		2a. Mailing Address			4. FEI Number	1	Applied For
21		26		43-1591489		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired See Required Fee Required			
City & State		City & State			Election Campaign Financing Trust Fund Contribution		5.00 May Be dded to Fees
Zip 24	Country 25	Ζιρ 29	Countri 30	у		Yes 🗌 No	
	9. Name and Address of Curre	ent Registered Agent			10. Name and Address of New Reg	gistered Agent	
	CORPORATION SYSTEM		81	Name			
1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324					dress (P.O. Box Number is Not Acceptabl	le)	
			83	3			
*			84	City	The state of the s	FL 85	Zip Code
office or r agent. I a	to the provisions or Sections 607.05 egistered agent, or both, in the Stat m familiar with, and accept the oblic	e of Florida Staties of Florida Staties of Florida Staties of Section 607.0505, f	ules, the abov s authorized b Florida Statute	ve-named cor by the corpora bs.	rporation submits this statement for the p ation's board of directors. I hereby accep	urpose of chang I the appointme	ging its registered ont as registered
SIGNATURE	Section 1						
	Signature, typod or printed name of registered at			gent signature requ	ured when relistating) ADDITIONS/CHANGES TO DESIGN	DATE ERS AND DIRE	CTORS IN 12
SIGNATURE 12. TITLE		gent and the it applicable (NO ND DIRECTORS DELETE	11. Registered Ag	киј адъзъкствар	ured when re-incating) ADDITIONS/CHANGES TO OFFICE	ERS AND DIRE	
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12. TITLE	OFFICERS AN	ND DIRECTORS DELETE	13. 11 THLE 12 NAME	gent signature requ		ERS AND DIRE	
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information indicated on this annual report or supplemental agricult report is true and accurate and that my signature shall have the same legal effect as if made under oath; that ham an officer or director of the corporation of the relicives of trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapter, or one appears in Block 12 or Block 13 if chapter, or one appears in Block 12 or Block 13 if chapter 607, Florida Statutes; and that my name

CIONATURE. / A