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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # G44740

(0)

TOUFAYAN BAKERY OF FLORIDA, INC.

| FILED              |  |  |  |  |  |  |  |  |  |
|--------------------|--|--|--|--|--|--|--|--|--|
| May 15 1997 8:00am |  |  |  |  |  |  |  |  |  |
| Secretary of State |  |  |  |  |  |  |  |  |  |

|   | LD .   | 4 d = 10                          |                   |                     |               |   |           |                   |               |
|---|--|-----------------------------------|-------------------|---------------------|---------------|---|-----------|-------------------|---------------|
| Principal Place of Business Mailing Address |  |                                   |                   |                     |               |   |           |                   |               |
| % HARRY TOUFAYAN                            |  | % HARRY TOUFAY                    |                   |                     |               |   |           |                   |               |
| 3826 BRYN M                                 |  | 3826 BRYN MAWR<br>ORLANDO FL 3280 |                   |                     |               |   |           |                   |               |
| ORLANDO FL                                  | 32000  | OTENINO LE 0200                   | 7400              |                     |               | 3. Date incorporated or Qualified   | 3a. Da    | ate of Last R     | eport         |
|   |  |                                   |                   |                     |               | 06/22/1983  | I .       | 26/1996           |               |
| 2 Principal F                               | Place of Business                                | 2a. Mailing Addres                |                   |                     | ·             | 4. FEI Number   | J         |                   | plied For     |
| l   |  | <del></del>                       | <del></del>       |                     |               |   |           | <del> </del>      | t Applicable  |
| Suite, Apt                                  | # Alo  | 26   Suite, Apt. #, 6             | ito               |                     |               | 59-2295770  |           | \$8.75            |               |
| lang Sule, Apr                              | . #, etc   | <b>├</b> ─┐                       |                   |                     |               | 5. Certificate of Status Desired  | X         | Fee Re            |               |
| 22  | A  | City & State                      |                   |                     |               |   |           | <del></del>       |               |
| City & Sta                                  | re   | <del></del>                       |                   |                     |               | 6. Election Campaign Financing  |           | \$5.00<br>Added t |               |
| 23  | T Constant                                       | 28                                | 1 600             | un ten              |               | Trust Fund Contribution   |           |                   |               |
| Zip Country                                 |  | Zip Country                       |                   |                     | ,             | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes |           |                   |               |
| 24  | [25]   | 29                                | 30                |                     |               | Florida Statutes  10. Name and Address of New Reg                                       |           | _                 |               |
| ļ   | 9. Name and Address of Curr                      | ent negistered Agent              |                   | 81                  | Name          | 10, Haine and Address of New rist   | hererea : | - Noin            |               |
| TOI   | JFAYAN, HARRY                                    |                                   |                   | 0,                  | Name          |   |           |                   |               |
| 3826 BRYN MAWR STREET                       |  |                                   |                   | <b>62</b> Street Ad |               | ddress (P.O. Box Number is Not Acceptab   | e)        |                   |               |
| ORI   | LANDO FL 32808                                   |                                   |                   |                     | <u> </u>      |   |           |                   |               |
|   |  |                                   |                   | 63                  |               | De la Francisco   |           |                   |               |
| ļ   |  | •                                 |                   | 84                  | City          |   |           | 85 Zip            | Code          |
|   |  |                                   |                   | "                   | City          |   | FL        | .   65  ,         | 0000          |
| 11. Pursuan                                 | to the provisions of Sections 607.0              | 502 and 607.1508, Florida         | Statutes, the a   | bov                 | e-named       | corporation submits this statement for the p  | urpose of | changing if       | s registered  |
| office or                                   | reg stered agent, or both, in the Sta            | ate of Florida. Such chang        | e was authorize   | d by                | y the corp    | oration's board of directors. I hereby accep  | the app   | ointment as       | registered    |
| agent t                                     | am raminar wijn, and accept the ob-              | ngations of, Section bor.o        | 505, Fibrida Stat | tuto:               | <b>.</b>      |   |           |                   |               |
| SIGNATURE                                   | Signature, typed or printed name of registered a | uppel and tice it applicable      | (NOTE: Registers  | d Ani               | ent signature | required when reinstating)  | DATE      | ^····             |               |
| 12.   |  | AND DIRECTORS                     | 13.               |                     | on signate o  | ADDITIONS/CHANGES TO OFFIC  | ERS AND   | DIRECTOR          | RS IN 12      |
| Title                                       | DP   | DEL                               |                   | TLE                 | ····          |   |           | Change            | Addition      |
|   | 1 -·   |                                   | 1.2 N             |                     |               |   |           | _                 |               |
| NAME  | TOUFAYAN, HARRY                                  |                                   | 1                 |                     |               |   |           |                   |               |
| STREET ADDRESS                              | *****  |                                   |                   |                     | T ADDRESS     |   |           |                   |               |
| CITY-ST-ZiF                                 | ORLANDO FL                                       | DEL                               |                   |                     | ST-ZIP        |   |           | Change            | Addition      |
| T·TLF                                       |  | L. DEL                            |                   |                     | l             | 5   |           | LI Change         | LEX MODILION  |
| NAME  |  |                                   | 22 N              | AME                 | 1             | GREGORY 140+MYAN  | · ~       | _                 |               |
| STREET AUDRESS                              |  |                                   | 2.3 \$            | TREE                | T ADDRESS     | 3026 BICYN MANUE  | -0        |                   |               |
| CHY-ST-7/P                                  |  |                                   | 2.40              | IIY-                | ST-ZIP        | GREGORY TOUTHYAN<br>3026 BRYN MAWR<br>ORLANDO, FL 328                                   | 00        |                   |               |
| 111LF                                       |  | ☐ DEL                             | ETE 3.1 TI        | ITLE                |               | •   | •         | Change            | Addition      |
| NAME  |  |                                   | 3.2 N             | AME                 |               |   | •         |                   |               |
| STREET ADDRESS                              | 1  |                                   | 3.3 S             | TREE                | T ADORESS     |   |           |                   |               |
| CHTY - ST - ZIP                             |  |                                   | 3.4 (             | CITY-               | ST-ZIP        |   |           |                   |               |
| 10.6  |  | DEL                               |                   | _                   |               |   |           | Change            | Addition      |
| NAME  |  |                                   | 4, 2 ?            | NAME                |               |   |           |                   |               |
| STREET ADDRESS                              |  |                                   |                   |                     | T ADDRESS     |   |           |                   |               |
|   | 1  |                                   |                   |                     | ST-ZIP        |   |           |                   |               |
| CHY-SI-7IF                                  |  | DEL                               |                   | *****               | 91. til.      |   |           | Change            | Addition      |
| TIME  |  | f"1 pro                           |                   |                     |               |   |           |                   |               |
| NAME:                                       |  |                                   |                   | IAME                |               |   |           |                   |               |
| STREET ADDRESS                              | · [  |                                   | 5.3 \$            | TREE                | T ADDRESS     |   |           |                   |               |
| CHY-SI-ZIP                                  |  |                                   |                   | _                   | ST-ZIP        |   |           | 6                 | 1 1 2 2 2 2 2 |
| TITLE                                       |  | ☐ DEI                             | ETE 6.1 T         | ITLE                |               |   |           | Change            | Addition      |
| NAME  |  |                                   | 6.2 N             | IAMÉ                |               |   |           |                   |               |
| STREET ADDRESS                              | : 1  |                                   | 6.3 \$            | TREE                | 1 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.

JUIRE BREGORY TOUTAYAN