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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G44740

(0)

TOUFAYAN BAKERY OF FLORIDA, INC.

## FILED Jan 29 1998 8:00am Secretary of State



Principal Place of Business Mailing Address % HARRY TOUFAYAN % HARRY TOUFAYAN 3826 BRYN MAWR STREET 3826 BRYN MAWR STREET DO NOT WRITE IN THIS SPACE ORLANDO FL 32806 ORLANDO FL 32808 3. Date Incorporated or Qualified 06/22/1983 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 59-2295770 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 29 30 ☐ Yes 24 25 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name TOUFAYAN, HARRY 3826 BRYN MAWR STREET Street Address (P.O. Box Number is Not Acceptable) ORLANDO FL 32808 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ĎΡ DELETE Change Addition 1.1 TITLE TITLE TOUFAYAN, HARRY 1.2 NAME NAME 3826 BRYN MAWR STREET 1.3 STREET ADDRESS STREET ADDRESS ORLANDO FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE NAME TOUFAYAN, GREGORY 2.2 NAME STREET ADDRESS 3826 BRYN MAWR ST 2.3 STREET ADDRESS ORLANDO FL CITY-S1-ZIP 2. 4 CITY - ST - ZIP DELETE Change Addition TITLE 3.1 TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZIP 3.4. CITY-ST-ZIP TITLE DELETE 4.1 TITLE ☐ Change Addition 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADORESS 4.4 CITY - ST - ZIP CITY - ST - ZIP Addition DELETE 5.1 TITLE L Change TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY - ST - ZIP DELETE Change Addition 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP

14. I hereby cartify 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:

Davie

You have Hammy

1-8-98

407-295-2257

CR2E034 (10/97)