**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

**FILED** Jul 07, 1999 8:00 am Secretary of State

07-07-1999 90012 025 \*\*\*550.00

DOCUI	MENT # G44740							
TOUFAYAN BAKERY OF FLORIDA, INC.								
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								BIAN BIBN BIBN YAN
Principal Place		Mailing Address						
% HARRY TOUFAYAN % HARRY TOUFAYAN 3826 BRYN MAWR STREET 3826 BRYN MAWR STREET								
3826 BRYN MAWR STREET 3826 BRYN MAWR STREET  ORLANDO FL 32808 ORLANDO FL 32808						DO NOT WRITE IN THIS	SPAC	E
					ļ	3. Date Incorporated or Qualified 06/22/1983		
2. Principal P	lace of Business	2a. Mailing Address	_			4. FEI Number	$-$ [_	Applied For
21		26				59-2295770		Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	•	75 Additional
22		27						ee Required
City & Stat	<b>e</b>	City & State				6. Election Campaign Financing		.00 May Be
23	Country	Zip Zip	Coun	tr.		Trust Fund Contribution	A	ded to Fees
Zip 24	25	. 29	30	ru y		This corporation owes the current year Intangible Personal Property.	Yes	□ No
	9. Name and Address of Current	<del></del>	1301			10. Name and Address of New Registered		
				81	Name			
TOUFAYAN, HARRY				82	Street Addres	ss (P.O. Box Number is Not Acceptable)		
3826 BRYN MAWR STREET				02	Otteet Addies	as (F.O. Dox Humber is Not Acceptable)		
ORL	ANDO FL 32808			83				
			į.	84	City		85	Zip Code
	· _		1			<u>Fl</u>	<u>-                                    </u>	
11. Pursuant	to the provisions of sections 607.0502	and 607.1508, Florida Statute	s, the abo	ve-n	amed corpora	tion submits this statement for the purpose of c o's board of directors. I hereby accept the appo	hanging	its registered
oπice or agent. I a	registered agent, or both, in the State of am familiar with, and accept the obligation	or Florida, Such change was a tions of, section 607.0505, Flo	rida Statu	ites.	ne corporation	is board of directors. Thereby accept the appo	II IU II II II	as registered
SIGNATURE								
40	Signature, typed or printed name of registered agent OFFICERS ANI		TE: Registere	ed Age	nt signature require	ed when reinstating) DATE  ADDITIONS/CHANGES TO OFFICERS A	ND DIR	ECTORS IN 12
12.	DP OFFICERS AND	DELETE	1.1 TITE	LE.		ADDITIONAL OF THE STATE OF THE	$\overline{}$	ange Addition
NAME	TOUFAYAN, HARRY		1.2 NAN	ΜE				
STREET ADDRESS	3826 BRYN MAWR STREET		1.3 STR	EET A	ODRESS			
CITY-ST-ZIP	ORLANDO FL		1.4 CIT	Y-ST-Z	ZIP			l
TITLE	S	DELETE	2.1 TITL	_			Ch	ange Addition
NAME	TOUFAYAN, GREGORY		2.2 NAN	ME				<u>-</u>
STREET ADDRESS	3826 BRYN MAWR ST		2.3 STR	EET A	DORESS			
CITY-ST-ZIP	ORLANDO FL	-	2.4 CIT	Y-ST-Z	/IP	· · · · · · · · · · · · · · · · ·		
TITLE	-	DELETE	3.1 TITL	LE			Ch	ange Addition
NAME			3.2 NAA	KE				l
STREET ADDRESS			3.3 STR	REETA	DDRESS			
CITY-ST-ZIP			3.4 CIT	Y-ST-Z	!IP		<del></del>	
TITLE		☐ DELETE	4.1 TITL				Ch	ange L. Addition
NAME			4.2 NAN					
STREET ADDRESS					DDRESS			
CITY-ST-ZIP			4.4 CIT		J.P			A al al al a
TITLE		DELETE	5.1 TITL 5.2 NAM				∟1 Ch	ange Addition
NAME					ODDESS			
STREET ADDRESS					DDRESS (			ľ
CITY-ST-ZIP TITLE		DELETE	5.4 CIT 6.1 TITL		JIF		<u></u>	ange Addition
NAME			6.2 NAM					ongo nadiboli
STREET ADDRESS					OORESS			

14. I 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.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

Daytime Phone #