

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # H64444 (3)**

1. Corporation Name

**FERRARO'S ITALIAN BAKERY, INC.**



Principal Place of Business

**860 N. FEDERAL HWY.  
POMPANO BEACH FL 33062  
US**

Mailing Address

**860 N. FEDERAL HWY.  
POMPANO BEACH FL 33062  
US**

3. Date Incorporated or Qualified

**06/26/1985**

3a. Date of Last Report

**05/01/1995**

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

g. Name and Address of Current Registered Agent

**FERRARO, MARIE  
860 N. FEDERAL HWY.  
POMPANO BEACH FL 33062**

4. FEI Number

**59-2560839**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution

☐

**\$5.00 May Be  
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐ Yes

☒ No

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 15% if applicable

Printed: Registered Agent Signature required when registering

CWt:

12. OFFICERS AND DIRECTORS

TITLE **DP** ☐ DELETE

NAME **FERRARO, JOHN**  
STREET ADDRESS **860 N. FEDERAL HWY.**  
CITY-ST-ZIP **POMPANO BEACH FL**

TITLE **DT** ☐ DELETE

NAME **FERRARO, MARIE**  
STREET ADDRESS **860 N. FEDERAL HWY.**  
CITY-ST-ZIP **POMPANO BEACH FL**

TITLE **SD** ☐ DELETE

NAME **FERRARO, THERESA**  
STREET ADDRESS **860 N. FEDERAL HWY.**  
CITY-ST-ZIP **POMPANO BCH. FL**

TITLE **D** ☐ DELETE

NAME **MASSA, VINNIE**  
STREET ADDRESS **860 N. FEDERAL HWY.**  
CITY-ST-ZIP **POMPANO BCH. FL**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE ☐ Change ☐ Addition

12. NAME

13. STREET ADDRESS

14. CITY-ST-ZIP

2. TITLE ☐ Change ☐ Addition

22. NAME

23. STREET ADDRESS

24. CITY-ST-ZIP

3. TITLE ☐ Change ☐ Addition

32. NAME

33. STREET ADDRESS

34. CITY-ST-ZIP

4. TITLE ☐ Change ☐ Addition

42. NAME

43. STREET ADDRESS

44. CITY-ST-ZIP

5. TITLE ☐ Change ☐ Addition

52. NAME

53. STREET ADDRESS

54. CITY-ST-ZIP

6. TITLE ☐ Change ☐ Addition

62. NAME

63. STREET ADDRESS

64. CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/96