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03-01-1999 90054 042 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **H64444**

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

Place of Business: **FEDERAL HWY. BEACH FL 33062**
 Mailing Address: **860 N. FEDERAL HWY. POMPANO BEACH FL 33062 US**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **06/26/1985**

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 owes the current year Intangible Personal Property Tax. Yes No

2a. Mailing Address: **26 SAME**

27. Suite, Apt. #, etc.

28. City & State: **28 POMPANO BEACH FLA**

29. Zip: **29 33062** Country: **30 SAME**

9. Name and Address of Current Registered Agent
FERRARO, MARIE
860 N. FEDERAL HWY.
POMPANO BEACH FL 33062

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

I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
OFFICERS AND DIRECTORS		
DP FERRARO, JOHN 860 N. FEDERAL HWY. POMPANO BEACH FL	<input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP
DT FERRARO, MARIE 860 N. FEDERAL HWY. POMPANO BEACH FL	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP
SD FERRARO, THERESA 860 N. FEDERAL HWY. POMPANO BCH. FL	<input checked="" type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP
	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP
	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP
	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
		<input type="checkbox"/> Change <input type="checkbox"/> Addition

I 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 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 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Marie Ferraro DATE: 2/4/99 DAYTIME PHONE #: 954 782-3331

CR2E034 (1/198)