CORPORATION
****AMENDED****
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Jim Smith, Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 JUN 19 AM 9:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L 30343

1. Corporation Name
GULFSTREAM BAKERY, INC.

Mailing Address / Principal Place of Business
630 NE 8th Street
Delray Beach, Florida 33483

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

DO NOT WRITE IN THIS SPACE

2. Mailing Address (21)	2a. Principal Place of Business (26)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) / Country (25)	Zip (29) / Country (30)

3. Date Incorporated or Qualified: 11-17-89
3a. Date of Last Report: 5-1-95
4. FEI Number: 65-0157252 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
KURT DAUM
7210 Lockwood Road, #210
Lake Worth, Florida 33467

10. Name and Address of New Registered Agent
81 Name: David B. Norris, Esquire
82 Street Address (P.O. Box Number is Not Acceptable): Cohen, Chernay, Norris, Weinberger & Harris
83: 712 U. S. Highway One
84 City: North Palm Beach FL 85 Zip Code: 33408

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, 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 or 617.0503, Florida Statutes.

SIGNATURE _____ 6/6/95
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating. DATE

12. OFFICERS AND DIRECTORS		13. CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	President/Director	11 TITLE	Director, President, Sec'y, Treas.
12 NAME	Herbert Baumann	12 NAME	Albert Apuzzo
13 STREET ADDRESS	850 Aylesbury	13 STREET ADDRESS	21 Yale Drive
14 CITY-ST-ZIP	Delray Beach, FL.	14 CITY-ST-ZIP	New City, New York 10956
21 TITLE	Director	21 TITLE	Director, Vice President
22 NAME	Kurt Daum	22 NAME	Shari Apuzzo
23 STREET ADDRESS	7210 Lockwood Road, #210	23 STREET ADDRESS	22545 Middletown Drive
24 CITY-ST-ZIP	Lake Worth, FL. 33467	24 CITY-ST-ZIP	Boca Raton, FL.
31 TITLE		31 TITLE	
32 NAME		32 NAME	100001517971
33 STREET ADDRESS		33 STREET ADDRESS	-06/20/95--01103--012
34 CITY-ST-ZIP		34 CITY-ST-ZIP	*****61.25 *****61.25
41 TITLE		41 TITLE	
42 NAME		42 NAME	
43 STREET ADDRESS		43 STREET ADDRESS	
44 CITY-ST-ZIP		44 CITY-ST-ZIP	
51 TITLE		51 TITLE	
52 NAME		52 NAME	
53 STREET ADDRESS		53 STREET ADDRESS	
54 CITY-ST-ZIP		54 CITY-ST-ZIP	
61 TITLE		61 TITLE	
62 NAME		62 NAME	
63 STREET ADDRESS		63 STREET ADDRESS	
64 CITY-ST-ZIP		64 CITY-ST-ZIP	

6/19/95 MB

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)(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 or Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ June 6, 1995
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #