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CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -3 PM 4:50

DOCUMENT # **P93000017357 (3)**

1. Corporation Name
THE MAGIC OVEN BAKERY, INC.

Principal Place of Business	Mailing Address
6267 W. SAMPLE RD. TURTLE RUN SHOPPES CORAL SPGS. FL 33067 US	6267 W. SAMPLE RD. TURTLE RUN SHOPPES CORAL SPGS. FL 33067 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/03/1993
3a. Date of Last Report: 03/01/1994

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

4. FEI Number: 65-0407435 ☐ 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

9. Name and Address of Current Registered Agent

ZEGIEL, BARBARA
301 S.E. 11TH CT.
DEERFIELD BEACH FL 33441

10. Name and Address of New Registered Agent

81 Name: Zegiel, Barbara
82 Street Address (P.O. Box Number Not Acceptable): 402 Lakeside Dr. Apt 104
83: Margate, Fl.
84 City: FL 85 Zip Code: 33063

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	President, Director ☒ Change ☐ Addition
NAME	ZEGIEL, BARBARA	12 NAME	Zegiel, Barbara
STREET ADDRESS	301 SE 11TH CT	13 STREET ADDRESS	402 Lakeside Drive Apt 104
CITY-ST-ZIP	DEERFIELD BEACH FL 33441	14 CITY-ST-ZIP	Margate, Florida 33063
TITLE	D	21 TITLE	☒ Change ☐ Addition
NAME	ZEGIEL, RONALD J	22 NAME	No longer Employed
STREET ADDRESS	5040 BEECHWOOD RD	23 STREET ADDRESS	is not an officer or Director
CITY-ST-ZIP	DELRAY BEACH FL 33484	24 CITY-ST-ZIP	of the Company
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	Please take him off.
STREET ADDRESS		33 STREET ADDRESS	Please Remove from
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	Corporation Records.
STREET ADDRESS		43 STREET ADDRESS	Zegiel, Ronald, J.
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		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)(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: Barbara M Zegiel Barbara M. Zegiel 3-27-95
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone Number
305-752-7010

01107A CP