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Jan 24 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000003588 (8)

1. Corporation Name
BOCA BAKERY, INC.



Principal Place of Business

4767 VIA PALM LAKE
SUITE 206
W. PALM BEACH FL 33417

Mailing Address

4767 VIA PALM LAKE
SUITE 206
W. PALM BEACH FL 33417-2710

3. Date Incorporated or Qualified
01/13/1994

3a. Date of Last Report
04/16/1996

2. Principal Place of Business

21 14845-Tangerine Blvd
Suite, Apt. #, etc.

2a. Mailing Address

26 14845-Tangerine Blvd
Suite, Apt. #, etc.

4. FEI Number
65-0461948

Applied For
Not Applicable

22

City & State

23 ROYAL Palm Beach FL

27

City & State

28 ROYAL Palm Beach FL

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

24 33470

25 U.S.A

29 33470

30 U.S.A

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WITKOWSKI, RONALD
12788 W. FOREST HILL BLVD.
SUITE 2003
W. PALM BEACH FL 33414

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 title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PTD ☒ DELETE
NAME KARWOSKI, THOMAS
STREET ADDRESS 4767 VIA PALM LAKE, #206
CITY-ST-ZIP W. PALM BEACH FL 33417

1.1 TITLE PTD ☒ Change ☐ Addition
1.2 NAME KARWOSKI, Thomas
1.3 STREET ADDRESS 14845-Tangerine Blvd
1.4 CITY-ST-ZIP ROYAL Palm Beach FL 33470

TITLE SD ☒ DELETE
NAME KARWOSKI, JOANNE L
STREET ADDRESS 4767 VIA PALM LAKE, #206
CITY-ST-ZIP W. PALM BEACH FL 33417

2.1 TITLE SD ☒ Change ☐ Addition
2.2 NAME KARWOSKI, Joanne L
2.3 STREET ADDRESS 14845-Tangerine Blvd
2.4 CITY-ST-ZIP ROYAL Palm Beach FL 33470

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE:

Joanne Karwoski
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/97. (561) 753-6652
Date Daytime Phone #

CR2E034 (9/96)