PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name P94000003588

BOCA BAKERY, INC.

Principal Place	of Business	Mailing Address		···;			
14845-TANGERIN	NE BLVD.	14845-TANGERINE BLVD.				,	المن المالية
SUITE 206		SUITE 206	_		DO NOT WRITE IN TH	IIC CDACE	
ROYAL PALM B	CH FL 33470	ROYAL PALM BCH FL 33470)		DO NOT WRITE IN TH	IIS SFACE	
US		US ^			3. Date Incorporated or Qualifed		
	<u> </u>	· <u></u>			01/13/1994	· 	
2. Principal Pl	ace of Business	2a. Mailing Address		-	4. FEI Number		olied For
21		26			65-0461948		Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	\$8.75 A Fee Red	
22	<u> </u>	City: & State		 	6. Election Campaign Financing	\$5.00	May Ro
City & State	en de la cela de la celador de		ســ مــ عت		Trust Fund Contribution	Added to	
23		Zip	Count		8. This corporation owes the current year		
Zip	Country			ı y	Personal Property Tax.		□No
24	25		30		10. Name and Address of New Registere		
	9. Name and Address of Curre			Name	10. Name and Address of New Registers	A Agent	
148 T 1		KAAACC	°	i itanie	•		i
	(OWSKI, RONALD 18 W. FOREST HILL BLVD.	•	. 8	Street Add	dress (P.O. Box Number is Not Acceptable)		
_	E 2003		-	13		CONTRACT	3 1 3 (94)
	ALM BEACH FL 33414			~	1. 1000 1000 1000 1000 1000 1000 1000 1	引起 联 的。	能則關
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2 48 = 73 8 F	Section 1997	·				<u> </u>	
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statute	s, the abo thorized b	ove-named corporat	poration submits this statement for the purpose ion's board of directors. I hereby accept the ap	pointment as reg	gistered
Office of the	m familiar with, and accept the oblig	e of Florida, Such change was as	de Statut	y are corporat			,
agent la	m tamiliat with, and accept the oblig	lations of, Section 607.0505, Fiori	ua Statut	es.			
115	m tamiliar with, and accept the oblig	ations of Section 607.0505, Flori	ua Statur	es.			
	m familiar with, and accept the oblig	->		es.	red when reinstating) (1/15.2. DATE		
115	Signature, typed or printed name of registered ag	->		es.	:		
SIGNATURE	Signature, typed or printed name of registered ag	pent and title if applicable. (NOTE: I	Registered A	gent signature requir	red when reinstating); 1/3/2 DATE	AND DIRECTO	
SIGNATURE 12. TITLE	Signature, typed or printed name of registered ag OFFICERS A	ent and title if applicable. (NOTE: I	Registered A	gent signature requir	red when reinstating); 175 DATE ADDITIONS/CHANGES TO OFFICERS		
SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered ag OFFICERS A PTD KARWOSKI, THOMAS	ent and title if applicable. (NOTE: I	13. 1.1 TITU	gent signature requir	red when reinstating); 175 DATE ADDITIONS/CHANGES TO OFFICERS		
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14. I 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

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

HAVE PARETURE THE

CITY-ST-ZIP

STREET ADDRESS

TITLE

☐ DELETE

FILED

Feb 03, 1999 8:00am

Secretary of State

02-03-1999 90025 015 ***150.00

☐ Change

Addition