

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**CORPORATION
ANNUAL REPORT
1995****FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS****APPROVED
AND
FILED****DOCUMENT # P94000003824 (7)**

1. Corporation Name

HOME BAKED GROUP, INC.**95 MAR 21 PM 4:17****SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business

**6684 GIRALDA CIRCLE
BOCA RATON FL 33433**

Mailing Address

**6684 GIRALDA CIRCLE
BOCA RATON FL 33433**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

01/06/1994

3a. Date of Last Report

2. Principal Place of Business

21 1084 S. Rogers Circle

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Boca Raton, Florida

City & State

28

Zip

Country

24 33487**25**

Zip

Country

29**30**

4. FEI Number

65-0465490

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

10. Name and Address of New Registered Agent

**SHIELD, AMY D ESQ
6684 GIRALDA CIRCLE
BOCA RATON FL 33433**

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

**TITLE President
NAME Neil Koppel
STREET ADDRESS 6684 Giralda Circle
CITY-ST-ZIP Boca Raton, Florida 33433****TITLE Secretary
NAME Amy Shield Koppel
STREET ADDRESS 6684 Giralda Circle
CITY-ST-ZIP Boca Raton, Florida 33433****TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP****TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP****TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP****TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 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 110.07(3)(b), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/95 407-995-0767

Date of Filing