## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P94000024000 (9)

VILLAGE BAKERY ENTERPRISES. INC.

Mailing Address Principal Place of Business 123 129TH AVENUE **123 129TH AVENUE** MADEIRA BEACH FL 33708 MADEIRA BEACH FL 33708 3. Date Incorporated or Qualified 3a. Date of Last Report 03/25/1994 03/28/1996 2a. Mailing Address 4. FEI Number Applied For 2. Principal Place of Business 59-3232234 Not Applicable 26 Suite, Apt #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees Trust Fund Contribution 23 28 Country Country Zip This corporation has liability for intapplible tax under s. 199.032. Yes No Florida Statutes 25 29 30 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name ANGELIDIS, DIANE-ANGE 123 129TH AVENUE 82 Box Number is Not Acceptable) MADERA BEACH FL 33708 83 City 84 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Stignature, typical or printing name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. Change DELETE Addition TITLE **PST** 1.1 TITLE ANGELIDIS, DIANE 1.2 NAME NAME 5973 OAKHDEST DRIVE NORTH 1.3 STREET ADDRESS STREET ADDRESS SEMINOLE FL 84642 1.4 CITY-ST-ZIF CHY-S1-ZIP DELETE 2.1 TOTLE THLE 2.2 NAME NAM: 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY - ST - ZIP CHY-ST-ZIP Change Addition DELETE 4.1 TITLE TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 44 CITY-ST-ZIP COY-ST ZIF Addition Change DELETE 51 TITLE TITLE 5.2 NAME MAME **5.3 STREET ADDRESS** STREET ADDRESS 5.4 CITY-ST-ZIP CITY-S1-Zik Change ☐ Addition DELETE THEF 6.1 TITLE 6.2 NAME NAME **6.3 STREET ADDRESS** STREET ADDRESS

CITY - ST - ZIF

appears in Block 12 or Block 13 if changed, or on an attachment with an 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

**FILED** 

Mar 27 1997 8:00am

Secretary of State