

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996-97



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

APPROVED  
AND  
FILED

1997 APR -1 PM 3: 54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P94000024205 (4)

1. Corporation Name

NAPOLEON BAKERY & DELI, INC.

Principal Place of Business

907 BROOKMEADOW DR.  
PORT ORANGE FL 32019

Mailing Address

907 BROOKMEADOW DR.  
PORT ORANGE FL 32019

3. Date Incorporated or Qualified  
03/28/1994

3a. Date of Last Report  
06/16/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number

59-3288750

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

BURALE, ALFREDO  
907 BROOKMEADOW DR.  
PORT ORANGE FL 32019

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

ALFREDO BURALE US PRES.

(Signature, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE ☐ DELETE

NAME  
P  
BURALE, ALFREDO  
STREET ADDRESS  
907 BROOK MEADOW DR  
CITY- ST- ZIP  
PORT ORANGE FL

1.2 TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY- ST- ZIP

1.3 TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY- ST- ZIP

1.4 TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY- ST- ZIP

1.5 TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY- ST- ZIP

1.6 TITLE ☐ DELETE

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

REINSTATEMENT

600002131226  
-04/02/97--01060--008  
\*\*\*\*923.75 \*\*\*\*923.75

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)(k), 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 in an attachment with an address.

SIGNATURE:

Alfredo Burale US PRES.

(Signature and typed or printed name of signing officer or director)

Date

Daytime Phone #

CR2E034 (12/95)