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

**PROFIT CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

SIGNATURE:

P95000009674 (9)

DOCUM 1. Corporation f	MENT # P9500 Name IANN BREAD CO.	0009674 (9)						
Principal Place o	of Business	Mailing Address			-	ANT BANK BANK A	JANE HEALT BI	
946 ROLAND VERO BEACH	MILLER DR	946 ROLAND MILLER DI VERO BEACH FL 32963	9					
					3. Date Incorporated or Qualified 02/06/1995	3a. Date	of Last Re	3port
2. Principal Plac	ce of Business	2a. Mailing Address			4. FEI Number		17/	Applied For
2401 W		26 P.O. BOX	3643		65-056500	7	1	Not Applicable
Suite, Apt. #,		Suite, Apt. #, etc.			5. Certificate of Status Desired			Additional Required
City & State		City & State			6. Election Campaign Financing			May Be
3 LONGWO	DOD, FL	28 VERO BEACH, FL			Trust Fund Contribution			d to Fees
Zip 32779			Country India	an Er		s □No		199.032,
	9. Name and Address of Current	Registered Agent	ed No.		10. Name and Address of New	Registered /	gent	
BRANN, CHRISTOPHER A 946 ROLAND MILLER DR VERO BEACH FL 32963			81 Name 82 Street 83	Addres	ss (P.O. Box Number is Not Accepta	ole)		
			84 City			FL		Code
	the provisions of Sections 607.0502 of agent, or both, in the State of Florid, and accept the obligations of Section Section 1997 of Physics of Physics of Section 1997 of Physics of Section 1997 of Physics of Section 1997 of Physics of Physic	ond title if applicable. CHE(STOP			N PRESIDENT  when reinstating!  ADDITIONS/CHANGES TO OFF	1/19 19 DATE	6	
TITLE	D	DELETE	1, 1 TITLE	0,1	2,1	Þ	Change	☐ Addition
NAME STREET ADDRESS	Brann, Christopher A 946 Roland Miller Dr		1.2 NAME 1.3 STREET ADDRESS		ANN CHRISTOPHER A  Roland Miller Dr			
CITY-ST-7IP	VERO BEACH FL 32963		1.4 CITY - ST- ZIP	Ve	ro Beach, FL 32963			
TITLE		☐ DELETE	2 1 TITLE	D.V			] Change	X Addition
NAME			2 2 NAME	Bo	ANN, JOY Roland Miller Dr			
STREET ADDRESS			2.3 STREET ADDRESS	1/00	to Beach, FL 32963			
CITY-ST-ZIP TITLE		DELETE	2 4 CITY - ST - ZIP 3 1 TITLE	V	COMP COLOR		Change	Addition
NAME			3.2 NAME	DOU	16LAS RVER	L		E-3
STREET ADDRESS			3 3 STREET ADDRESS	486	N. PIN OAK PL. # 218			
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NAME			4.2 NAME	KAC	IE RYER IN DIN OUR DIE HOUR			
STREET ADDRESS			4.3 STREET ADDRESS	486	5 N.PIN OAK PL #218 NGW000, FL 3279			
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NAME			5.2 NAME				, · · p ·	
STREET ADDRESS			5.3 STREET ADDRESS					
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NAME			6 2 NAME					
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certify that t	certify that the information supplied whe information indicated on this annual an officer or director of the corpor Block 12 or Block 13 if changed or or	al report or supplemental annual	report is true and a	ccurate	and that my signature shall have the	e same legal i	effect as if	made under

NTED NAME OF SIGNING OFFICER OR DIRECTOR

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