SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REIN ATE: $375.)

PROFIT CORPORATION ANNUAL REPORT **1996**

FLORIDA DEPARTMENT O TATE
Sandra B. Mortha
Secretary of State
DIVISION OF CORPORA ONS

DOCUMENT # P95000024071 (9)

1. Corporation Name

THE BREAD BAKER, INC.

Principal Place of Business	Mailing Address
10661 NW 14TH STREET STE. 238 PLANTATION FL 33322	10661 NW 14TH STREET STE. 238 PLANTATION FL 33322

2. Principal Place of Business 21 7132 Beracasa Way	2a. Mailing Address 26 7132 Beracasa Way
Suite, Apt #, etc 22	Suite, Apt #, etc. 27
City & State 23 Boca Raton, FL	City & State 28 Boca Raton, FL
Zip 24 33433 / Country 25 USA	Zip 29 33433 / Country 30 USA

3. Date Incorporated or Qualified: 03/27/1995
3a. Date of Last Report
4. FEI Number: 65-0598573 — 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

GOLD, ROBERTA
10661 NW 14TH STREET STE. 238
PLANTATION FL 33322

10. Name and Address of New Registered Agent

81 Name: Roberta Gold
82 Street Address (P.O. Box Number is Not Acceptable): 22138 Solid Circle East
83
84 City: Boca Raton **FL** 85 Zip Code: 33433

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 ______ DATE ______
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	President/Director matthew Gold 22138 Solid Circle East Boca Raton, FL. 33433	☐ Change [✓ Addition]
2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	Vice President/Director Roberta Gold 22138 Solid Circle East Boca Raton, FL. 33433	☐ Change [✓ Addition]
3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	Barbara Isan - Secretary/Director 2420 NE 27th Avenue Lighthouse Pointe, FL. 33064	☐ Change [✓ Addition]
4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	800001919258 -08/12/96--01045--023 ***225.00	

I further 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

14. I do hereby 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [illegible] Roberta Gold — 8-1-96 — 561-393-3835
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CC 8/12/96

CR2E034 (3/96)

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