

04261999-90114-025-\$150.00-\$150.00

PROFIT CORPORATION ANNUAL REPORT 1999	THE STATE OF FLORIDA FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000060748**

1. Corporation Name

WEST BOCA BAKERY, INC.

Principal Place of Business

176 SARATOGA BLVD W
ROYAL PALM BCH FL 33411
US

Mailing Address

176 SARATOGA BLVD W
ROYAL PALM BCH FL 33411
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30

9. Name and Address of Current Registered Agent

DUFRESNE, DONALD P.
12788 FOREST HILL BLVD., STE. 2003
WELLINGTON FL 33414

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 08/07/1995	<input type="checkbox"/> Applied For 65-0603375	<input type="checkbox"/> Not Applicable
4. FEI Number 65-0603375	<input type="checkbox"/> \$8.75 Additional Fee Required	<input type="checkbox"/> \$5.00 May Be Added to Fees
5. Certificate of Status Desired <input type="checkbox"/>	<input type="checkbox"/> Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> This corporation owes the current year intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
10. Name and Address of New Registered Agent		
Russell Romano 176 Saratoga Blvd. W. Royal Palm Beach, FL 33411		

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, am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Camille Romano Vice President 4-6-99

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

CR2E034 (11/98)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROMANO, RUSSELL	1.2 NAME	Romano, Russell
STREET ADDRESS	4871 VIA PALM LAKE, #703	1.3 STREET ADDRESS	176 Saratoga Blvd W.
CITY-ST-ZIP	WEST PALM BEACH FL 33417	1.4 CITY-ST-ZIP	Royal Palm Beach, FL 33411
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROMANO, CAMILLE	2.2 NAME	Romano, Camille
STREET ADDRESS	4871 VIA PALM LAKE, #703	2.3 STREET ADDRESS	176 Saratoga Blvd W.
CITY-ST-ZIP	WEST PALM BEACH FL 33417	2.4 CITY-ST-ZIP	Royal Palm Beach, FL 33411
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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 appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Camille Romano Date 4-6-99 Daytime Phone # 561-792-0890

SIGNATURE IS AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR