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

PRO IT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

P95000066261 (5) **DOCUMENT #**

ED'S THREE LITTLE BAKERS INC.



		A delegation of the second of			i tabligåt til taler ättit anti anti ente ante atte erne nere aner er	
Principal Place of Business Mailing Address						
4001 N LECANTO HWY BEVERLY HILLS FL 34465		4001 N LECANTO HWY				
		REAFHLY HILLS LT 344	BEVERLY HILLS FL 34465			
					3. Date Incorporated or Qualified 3a. Date of Last Report 08/25/1995	
					4. FEI Number Applied For	
2. Principal Place	Principal Place of Business 2a. Mailing Address				59-3333917 Not Applicable	
26		Suite, Apt. #, etc.			CO 75 Additional	
Suite, April 4, etc.		<u> </u>	30to, Apr. #, etc.		5. Certificate of Status Dosired Fee Required	
		City & State	City & State		6. Election Campaign Financing \$5.00 May Be	
3 •		28			Trust Fund Contribution LJ Added to Fees	
Zip	Country	Zip	Countr	y	8. This corporation has liability for intangible tax under s. 199.032,	
4	25	1	30		Florida Statutes ★ Yes □ No	
1	9. Name and Address of Current	t Registered Agent			10. Name and Address of New Registered Agent	
			61			
	SANDERSON, ED				82 Street Address (P.O. Box Number is Not Acceptable)	
4001 N LECANTO HWY						
	BEVERLY HILLS FL 34465			83		
-			84	1 City	85 Zip Code	
					FL was a contraction submits this statement for the purpose of changing its registered office and of directors. I have by accept the appointment as registered agent. I am	
familiar with	diagent, or both, in the 3tate of Hond, in, and accept the obligations of Sections of Sections are the sections as a section of the sections of the section	Oh BOV (000), Frenida Grateries.			real of directors. I hereby accept the appointment as registered agent. I am and of directors I hereby accept the appointment as registered agent. I am and the recovery of the appointment as registered agent.	
12.	OFFICERS AN	D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Charge	
TITLE	D	DELETE	1 1 Till.i	F	Cilarge Address	
NAME	Sanderson, Ed		1.2 NAMi	i		
STREET ADDRESS	4001 N LECANTO HWY		1.3 S1PE	ET ADDRESS		
CITY-ST-ZIP	BEVERLY HILLS FL 34465		1.4 CITY		nc+bbA spns13	
TITLE	D	[] DELETE	३ १ सम्ब		Li Stange Li Musiciani	
NAME	SANDERSON, MARY		2.2 NAM			
STREET ADDRESS	4001 N LECANTO HWY		2.3 STEE	ET ADDRESS		
City-ST-ZIF	BEVERLY HILLS FL 34465		2.4 CHY		☐ Change ☐ Addit or	
TITLE		DELETE	3 1 TrfL			
NAME :			3.2 NAM			
STREE! ADDRESS			l.	EET ADDRESS		
CITY-SI-ZIP				-SI-ZIF	☐ Change ☐ Addition	
TITLE		☐ DELETE	4 1 T Tu	1		
NAME			4.2 NAN			
STREET ADDRESS			1	EFT ADDRESS		
CITY-ST-ZIP			4.4.0111	r St-74F	Character C Addition	

6.4.CITY ST-ZIP

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 119.02(3)(k). Florida Statutes, if further certify that the information indicated on this annual report or supplicental annual report is true and accurate and that my signature shall have the same legal effect as if made under certify that the information indicated on this annual report or supplicental annual report is true and accurate and that my signature shall have the same legal effect as if made under certify that the information indicated on this annual report or supplicental annual report is true and accurate and that my signature shall have the same legal effect as if made under certify that the information indicated on this annual report or supplication or true and accurate and that my signature shall have the same legal effect as if made under certify that the information indicated on this annual report or supplication or true and accurate and that my signature shall have the same legal effect as if made under certify that the information indicated on this annual report or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my nature appears in Block 12 or Block 13 if changed, or on an attachment with an address.

5 ITHE

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5 4 CITY - \$1 - 21F

6 11 ILE

CITY-ST-ZIP

STREEL ADDRESS

STREET ADDRESS

CITY - ST - ZIP

TITLE NAME

TITLE NAME

ED SANDERS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ED SANDERSON

DELETE

DELETE

4-30-96

***200.00

904 7953062

Change

1000018738里側nge 🗆 Addition -06/24/96--01058--026

Addit on