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PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000082364
1. Corporation Name

Bakery P OF FLORIDA, INCORPORATED.

Principal Place of Business

Mailing Address

6905 WEISER ST. # 303
Orlando, FL 32708

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Orlando, FL 32708

FILED

97 JUL 30 PM 2:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

3. Date Incorporated or Qualified
10/26/95

3a. Date of Last Report
04/30/96

2. Principal Place of Business

2a. Mailing Address

21 915 E. MICHIGAN ST

26 915 E. MICHIGAN ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 ORLANDO

27 ORLANDO

City & State

City & State

23 FLORIDA

28 FLORIDA

Zip

Country

Zip

Country

24 32806

29 32806

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Sam Chan

915 E. Michigan Street

Orlando, FL 32806

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

Signature of person authorized to register agent (and file if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

7.14.97

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME Sam Chan

STREET ADDRESS 915 E. Michigan Street
CITY-ST-ZIP Orlando, FL 32806

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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 ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE:

Sam Chan, President, 04/23/97 (407) 849-1888

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)