

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000031647

1. Corporation Name

B & B Bakery, Inc.

Principal Place of Business

Mailing Address

FILED

01 APR 19 AM 10:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

4/8/96

Applied For
Not Applicable

2. Principal Place of Business

21 630 NE 8th St.

Suite, Apt. #, etc.

22 City & State
23 Delray Beach, FL

24 Zip Country
33483 USA

2a. Mailing Address

26 6060 SW 18 St

Suite, Apt. #, etc.

27 #118
28 City & State
Boca Raton, FL

29 Zip Country
33433 USA

4. FEI Number

65-0832818

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 owes the current year Intangible
Personal Property Tax.

Yes No

9. Name and Address of Current Registered Agent

Tilley, Michael R
2000 Glades Rd Ste 208
Boca Raton, FL 33431

10. Name and Address of New Registered Agent

81 Name Barry Adkin

82 Street Address (P.O. Box Number is Not Acceptable)

6060 SW 18 St #118

83

84 City Boca Raton

FL

85 Zip Code
33433

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statute, 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: Barry Adkin

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/13/01

12. OFFICERS AND DIRECTORS

TITLE Pres

NAME Barry Adkin

STREET ADDRESS 5967 Patio DR

CITY-ST-ZIP Boca Raton, FL 33433

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

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CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

REINSTATEMENT 99-01

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: Barry Adkin

Barry Adkin

4/13/01

561-392-2422

CR2E034 (1/98)