

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 # P96000040840

1. Corporation Name

BREAD DISTRIBUTORS, INC.

Principal Place of Business

**39 SEMINOLE CT EAST
ROYAL PALM BEACH FL 33411**

Mailing Address

**39 SEMINOLE CT EAST
ROYAL PALM BEACH FL 33411**

FILED
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90078 029 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/06/1996

4. FEI Number

65-0671660

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

5646 WELLESLEY PARK DR.

2a. Mailing Address

5646 WELLESLEY PARK DR.

Suite, Apt. #, etc.

#305

Suite, Apt. #, etc.

#305

City & State

BOCA RATON FL

City & State

BOCA RATON FL

Zip

33433

Country

USA

Zip

33433

Country

USA

9. Name and Address of Current Registered Agent

**SHAPIRO, ANDY
39 SEMINOLE CT EAST
ROYAL PALM BEACH FL 33411**

10. Name and Address of New Registered Agent

81 Name

ANDY SHAPIRO

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

5646 WELLESLEY DRIVE

83

#305

84 City

BOCA RATON

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

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

(NOTE: Registered Agent signature required when reinstating)

A. SHAPIRO, PRES.

JAN 16 1999

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE
NAME **PDST SHAPIRO, ANDY**
STREET ADDRESS **39 SEMINOLE CT EAST**
CITY-ST-ZIP **ROYAL PALM BEACH FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 **PDST**
1.3 STREET ADDRESS **ANDY SHAPIRO**
1.4 CITY-ST-ZIP **5646 WELLESLEY PARK DR. #305**
BOCA RATON FL 33433

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

A. SHAPIRO, PRES.

Date

JAN 16 1999

Daytime Phone #

561-417-0696

CR2E034 (1/98)