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 # P96000045177

TONY'S BAKERY, INC. OF ORLANDO

FILED Feb 19, 1999 8:00 am Secretary of State

02-19-1999 90063 011 ***150.00



Principal Place of Business Mailing Address							
2468 FORSYTH RD 2468 FORSYTH RD ORLANDO FL 32807 ORLANDO FL 32807					. DO NOT WRITE IN TH	S SPACE	
					3. Date Incorporated or Qualifed 05/21/1996		
	t Durings	2a. Mailing Address			4. FEI Number	- Apı	plied For
2.) ((((((((((((((((((59-3383341	No	t Applicable
21					\$8.75 A	dditional	
		<u> </u>			Certificate of Status Desired Fee Requi		quired
City & State		City & State	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
23	Country	Zip	Country	, ,	8. This corporation owes the current year I	ntangible	
			·,	Personal Property Tax.			□No
24	9, Name and Address of Curre	11	\top		10. Name and Address of New Registere	d Agent	
	g, Name and Address of Conc	The Control of the Co	81	Name			Ì
HAROU, ZIAD 2468 FORSYTH RD			82	Street Addr	Idress (P.O. Box Number is Not Acceptable)		
ORLANDO FL 32807		83	1				
	Þ		84	City		. 85 Zip C	Code
				1 1	<u> </u>	L	
office or re agent. I a		e of Florida. Such Change was additional actions of, Section 607.0505, Florida	Statutes	s.	oration submits this statement for the purpose on's board of directors. I hereby accept the app	ointment as re	gistered
SIGNATURE	Signature, typed or printed name of registered ag	1 1	istered Age	ent signature require		AND DIDECTO	DC IN 10
12.	OFFICERS A	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS	Change	Addition
TITLE	D	☐ DELETE	1.1 TITLE				
NAME	HAROU, ZIAD		1.2 NAME				
STREET ADDRESS	2468 N. FORSYTH RD			ET ADDRESS			
CITY-ST-ZIP	ORLANDO FL	MA DELETE	1.4 CITY-1	ST-ZIP		Change	Addition
TITLE	D	DELETE	2.1 TITLE		· • • · · · · · · · · · · · · · · · · ·		
NAME	HAROU, WENDY		2.2 NAME				
STREET ADDRESS				ET ADDRESS		•	
CITY-ST-ZIP	ORLANDO FL	☐ DELETE	2. 4 CITY- 3.1 TITLE	SI-ZIP		☐ Change	Addition
TITLE			3.2 NAME				
NAME				ET ADDRESS			
STREET ADDRESS			3.4. CITY-				
CITY-ST-ZIP TITLE		☐ DELETÉ	4.1 TITLE			☐ Change	☐ Addition
NAME			4. 2 NAME	<u> </u>			
STREET ADDRESS			4.3 STRE	ET ADORESS			
CITY-ST-ZIP	! .		4.4 CITY-				
TITLE		☐ DELETE	5.1 TITLE			Change	Addition
NAME			5.2 NAME	:	•		
STREET ADDRESS			5.3 STRE	ET ADDRESS			
CITY-ST-ZIP			5.4 CITY-				A stable -
TITLE		☐ DELETE	6.1 TITLE			Change	☐ Addition
NAME			6.2 NAME				
STREET ADDRESS	;			ET ADDRESS			
Į.	1		SACTO.	ST. 7ID			

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 ettactiment with an address, with all other like empowered. CITY-ST-ZIP