FILED

Feb 22, 1999 8:00 am Secretary of State

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000090462

MAMA ANGELINA'S BAKERY, INC.

						- I (BESSEN 10 18150 Bill MENS ADIS DESIS BOLL SOLL SOLL) BILL BILL BILL BILL BILL BILL BILL B				
Principal Place of Business Mailing Address										
6819 U.S. HIGHWAY 19, NORTH 6819 U.S. HIGHWAY 19, NORTH										
UNIT I	115V EL 04050	UNIT I				DO NOT WRITE IN THIS SPACE				
NEW PORT RICHEY FL 34652 NEW PORT RICHEY FL 34652					3.	3. Date incorporated or Qualifed				
					-	10/30/1996				
2 Principal Pl	ace of Business	2a. Mailing Address			4.	4. FEI Number			Applied For	
21	acc or business	26				59-3413791			lot Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.					. 🗂	\$8.75	Additional	
22		27			5.	Certificate of Status Desire	ed 🗆	Fee F	Required	
City & State	9	City & State			6.	Election Campaign Finance	ing _	\$5.0	May Be	
23		28				Trust Fund Contribution Added to Fees				
Zip	Country	Zip	Cou	ntry	8.	This corporation owes the	current year in	tangible	1	
24	25	29	30			Personal Property Tax.		☐ Yes	No	
	9. Name and Address of Curr	ent Registered Agent		-71	10.	Name and Address of N	ew Registered	Agent		
205	1.081			81 Name	E. I	021				
ROE, LORI				82 Street 4	ddress (P	O. Box Number is Not Ac	ceptable)			
	U.S. 19			624	24	0.2 HWY.	4 0			
NEW	PORT RICHEY FL 34652			83						
				84 YC/0x.	~~~	- DINICAL		85 🕏	ONGO >	
					WAG	KIGHT 1	<u>FL</u>	- =	340>V	
office or a	to the provisions of Sections 607.0 egistered agent, or both, in the State	te of Florida. Such change w	as authorized	l by the corpo	corporation ration's bo	n submits this statement for eard of directors. I hereby a	r the purpose of accept the appo	f changing i intment as	ts registered registered	
agent. I a	m familiar with, and accept the obli	gations of, Section 607.0505.	, Flurida Stat	uies.						
SIGNATURE	Signature, typed or printed name of registered a	gent and title if applicable.	NOTE: Registered	Agent signature re	quired when re	einstating)	DATE	— -		
12.		AND DIRECTORS	13.			ADDITIONS/CHANGES TO	OFFICERS A	NO DIRECT	ORS IN 12	
TITLE	D	☐ DELETE	Ε 1.1 ΤΙ	TLE	D			Change	e Addition	
NAME	ROE, LORI		1.2 N	WE		ROE	7.		÷	
STREET ADDRESS	4764 U.S. 19		1.3 \$1	REET ADDRESS	6219	U.S. HWY. 19	γ			
CITY-ST-ZIP	NEW PORT RICHEY FL 3465	2	1,4 C	TY-ST-ZIP	NPI	L FUA . BYVE	ン			
TITLE		☐ DELETI	É 2.1 TI	TLE .				Change	e Addition	
NAME			2.2 N	WE						
STREET ADDRESS			2.3 \$	REET ADDRESS						
CITY-ST-ZIP			2.40	ITY-ST-ZIP						
TITLE		☐ DELETI	E 3.1 TI	TLE	-	-		Change	● Addition	
NAME			3.2 N	ME						
STREET ADDRÉSS			3.3 S	REET ADDRESS						
CITY-ST-ZIP			3.4. C	ITY-ST-ZIP						
TITLE		☐ DELETI	E 4,1 TF	T.E.				Change	e Addition	
NAME			. 4.2N	AME						
STREET ADDRESS			4.3 S	TREET ADDRESS						
CITY-ST-ZIP			4.4 C	TY-ST-ZIP						
TITLE		☐ DELETI	E 5.1 TI	TLE				Change	e Addition	
NAME			5.2 N/	WE						
STREET ADDRESS			5.3 8	TREET ADORESS						
CITY-ST-ZIP			5.4 CI	TY-ST-ZIP						
TITLE		☐ DELET	E 6.1 Ti	TLE				Chang	e Addition	
NAME			6.2 N	AME						
STREET ADORESS	,		6.3 S	REET ADDRESS						

CITY-ST-ZIP nation 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 or suppliemental argued report is true and enturate and that my signature shall have the same legal effect as if made under oath; that I am an ration or true receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in end or or hand attachment with an address, with all other like empowered. 14. I hereby certify that the information indicated on this annual report officer or director of the corp Block 12 or Block 13 if charge

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS