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

PROFIT CORPORATION ANNUAL REPURT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000100578 (9)

PREMIUM BREADS OF FLORIDA, INC.

Principal Place of Business

1782-2 EMERSON AVE. JACKSONVILLE FL 32207

Mailing Address

1782-2 EMERSON AVE. JACKSONVILLE FL 32207

FILED 98 OCT 21 PM 2:55

SECRETARY OF STATE TALLAHASSEE, FLORID,

					DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualified	
					12/11/1996	
	Place of Business	2a. Mailing Address	Mailing Address		4. FEI Number 59-3440894 Applied For	
21		26			APPLIED FOR Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Additional	
22		27	····		5. Certificate of Status Desired	
City & Stat	City & State	City & State		6. Election Campaign Financing \$5.00 May Be		
23		28	\		Trust Fund Contribution	
Zip	Country	Zip	Country		8. This corporation owes or has paid the current year Intangible	
24	25	29	30		Personal Property Tax due June 30. 🔲 Yes 🔲 No	
g. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent		
WINARSKY, AMY				81 Name		
1533 SUNSET DR., STE. 225				82 Street Add	ress (P.O. Box Number is Not Acceptable)	
CORAL GABLES FL 33143			000, 7.00	1900 (1.0.1 Box 1101/1000ptdbio)		
				83		
				84 City	85 Zip Code	
	40 Mb	0 4 007 4500 51			FL s z code	
office or	to the provisions of Sections 607,050; registered agent, or both, in the State	2 and 607.1508, Florida Stat of Florida, Such change wa	tutes, the ai is authorize	ove-named corp I by the corporal	coration submits this statement for the purpose of changing its registered tion's board of directors. I hereby accept the appointment as registered	
agent. I a	ım familiar with, and accept the obliga	itions of, Section 607.0505,	Florida Stat	ites.	-	
SIGNATURE						
	Signature, typed or printed name of registered age			Agent signature requi		
12.	OFFICERS AND	DELETE	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
l	'-	DELETE	1.1 TI	i	Change Addition	
NAME	WINARSKY, DAVID		1.2 N	· I	600002674286n	
STREET ADDRESS	1782-2 EMERSON AVE.		1.3 \$1	REET ADDRESS	6000026742860 -10/2 <u>8/</u> 9801047012	
CITY-ST-ZIP	JACKSONVILLE FL 32207			Y-ST-ZIP	*****(5() 1() *****(5() 1() () () () () () () () () () () () () (
TITLE	PS	☐ DELETE	2.1 (1)	LE .	Change Addition	
NAME	Winarsky, Greg		2.2 N/	ME	no rme i d b	
Street Address	1782-2 EMERSON AVE.		2.3 ST	IEET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32207		2.4 C	Y-ST-ZIP		
TITLE		☐ DELETE	3,1 TD	-E	☐ Change ☐ Addition	
NAME			3.2 NA	ME		
STREET ADDRESS			3,3 ST	EET ADDRESS		
CITY-ST-ZIP			3.4. CI	Y-ST-ZIP		
TITLE		DELETE	4.1 111		Change Addition	
NAME			4.2 N	ME		
STREET ADDRESS			4.3 ST	EET ADDRESS		
CITY-ST-ZIP			4,4 CD	Y-ST-ZIP	†	
TITLE		☐ DELETE	5.1 TII	· · · · · · · · · · · · · · · · · · ·	☐ Change ☐ Addition	
NAME			5.2 NA	AE Î	_ ;	
STREET ADDRESS				EET ADDRESS		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 linder 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.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DELETE

17/98

Change

Addition