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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Katherine Harriss

Secretary of State DIVISION OF CORPORATIONS

Sep 03, 1999 8:00 am Secretary of State

09-03-1999 90003 019 ***150.00

1999 DOCUMENT # P97000001202

CHERRY'S KOSHER BAKERY, INC.

Principal Place of Business 2900 W. Sample RD YOMPAND BEACH, FL 33073 Mailing Address
C/O IRIS CHERRY
11741 N.W. 264 ST

612348 - 90003 - 19

DO NOT WRITE IN THIS SPACE DIANTATION, FL 33323 3. Date Incorporated or Qualifed 114197 2a. Mailing Address

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
72900 W. SAMPLE RD	26 % IRIS CHERRY	65-0729226	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc. 27 11741 N. W. 26	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State 3 Pompano Beach FL	City & State 28 PLANTATION FL	6. Election Campaign Financing Trust Fund_Contribution	\$5.00 May BeAdded to Fees
Zip Country 4 33073 25 BROWARD	2ip Country 29 33323 30 BRs	8. This corporation owes the current years Personal Property Tax.	Yes No
9. Name and Address of Current	Registered Agent	10. Name and Address of New Regis	tered Agent
C	81	Name	

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525

J.		10. Name and Address of New Registered Agent					
	81	Name					
ŀ	82	Street Address (P.O. Box Number is Not Acceptable)					
ŀ	83						
İ	84	City FI 85 Zip Code					

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		•		
	-5	E: Registered Agent signature	required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	9S IN 12
12.	OFFICERS AND DIRECTORS	13.		
TITLE	DIRECTOR DELETE	1,1 TITLE	Change	☐ Addition
NAME	TRIS CHERRY	1.2 NAME		
STREET ADDRESS		1.3 STREET ADDRESS		1
CITY-ST-ZIP	PLANTATION, FL 33323	1.4 CITY-ST-ZIP		
TITLE	☐ DELETE	2.1 TITLE	Change	☐ Addition
NAME	·	2.2 NAME		
STREET ADDRESS		2.3 STREET ADDRESS		
CITY-ST-ZIP		2.4 CITY-ST-ZIP		
.πιF	DELETE	3.1 TITLE	Change	Addition
NAME		3.2 NAME		
STREET ADDRESS	·	3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4. CITY-ST-ZIP		
TITLE	☐ DELETÉ	4.1 TITLE	Change	☐ Addition
NAME		4. 2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP	_	4.4 CITY-ST-ZIP		
TITLE	☐ DELETE	. 5.1 TITLE	Change	Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		•
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TILE	☐ DELETE	6.1 TITLE	☐ Change	☐ Addition
NAME		6.2 NAME		
STREET ADDRESS	·	6.3 STREET ADDRESS		İ
CITY-ST-ZIP		6.4 CITY-ST-ZIP		Ι.

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Cherry's Kosher Bakery

c/o Iris Cherry 11741 N.W. 26th Street Plantation, FL 33323 (954) 424-7214 P97000001202 612348-90003-19

July 18, 1999

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Subject: Annual Report Renewal for Cherry's Kosher Bakery, FID# 65-0729226

To whom it may concern:

I have just received a <u>second notice</u> regarding the renewal of my "Annual Report". I do not know whether it was lost in the mail, however <u>I never received my first notice</u>.

If you go back over my past Corporate filings, you will see I have never been late with my fees. Under this circumstance, I am requesting a waiver of the late fees and, I am sending in the current year renewal fee in the amount of \$150.00. Your consideration in this matter would be greatly appreciated.

Sincerely,

Iris Cherry, President

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	REMITTANCE/DOCUMENT RETURN FORM
osition	Number: <u>/39/</u> Date: <u>7-26-99</u>
•	Reviewed by:
	idicate in the spaces provided the reason why you are returning the ments attached.
	Check/Money order/Document(s) sent to DOR in error.
	Unable to identify - if this remittance is for taxes administrated by DOR, please enclose the appropriate tax identification number and return to the address indicated below.
	If this is a payment of Federal taxes, please send it to the IRS, Atlanta, Georgia, 31101. We do not handle any funds designated for the IRS.
	Your checker-money order is not made payable to the Florida Department of Revenue and/or is incomplete. Actual payment of taxes cannot be accounted for until this department receives completed and valid check or money order
	We are returning the attached documentation relating to vehicle title, registration and or vehicle tag. The Florida Department of Highway Safety and Motor Vehicles or the local tax collector/tag agency should be contacted. You may contact them at 850-488-3881.
	Other:
<u>~~~</u> 1	NOTES/ADDITIONAL COMMENTS:
;	Please attach your documentation to this cover sheet