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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name P97000021493 (6)

CENTRAL FLORIDA BREAD, INC.

Principal Place of Business

Mailing Address

FILED May 08 1998 8:00am Secretary of State



1372 BENNE LONGWOOD	ETT DRIVE #140) FL 32750	1372 BENNETT DRIVE #140 LONGWOOD FL 32750				DO NOT WRITE IN THIS SPAC	E			
							 Date Incorporated or Qualified 03/03/1997 			
2. Principal	Place of Business	2a. Mailing Address 26				4. FEI Number 59-343 3206		oplied For ot Applicable		
Sulte, Apt	t.#.etc.	Suite, Apt. #, etc.						Additional equired		
City & State			City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Zip 24	25	Country	Zip 29	29 30			8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.			
		Address of Current	Registered Agent		81	Name	10. Name and Address of New Registered Agen	t		
SASTRE, ERNESTO G					01	ivame	vame			
	11 falling le ai Ass e lberry fl			82	Street Ad	ress (P.O. Box Number is Not Acceptable)				
					83				1	
					84	City	FL 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. Lem familiar with, and accept the obligations of Section 607.0505, Florida Statutes.										
SIGNATURE	Signature, typed or por	led name of registered agen	it aud tille it applicable	(NOTE: Registere	d Age	nt signature req	quired when reinstating) DATE			
12.		OFFICERS AND	DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRI	CTOF	S IN 12	
TITLE	D		☐ DELE	TE 1.1 T	TLE			hange	☐ Addition	
NAME	\$ASTRE, ER			1.2 N	AME					
STREET ADDRESS				1.3 S	TREET	ADDRESS				
CITY-ST-ZIP		RY FL 32707	T Druce		_	T-ZIP		hanaa	Addition	
TITLE	D DODIEC ED	En	☐ DELE					hange	☐ Addition	
NAME	ROBLES, FR			2.2 N		ADDRESS.				
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CITY-ST-ZIP	Ondato i	C 06001	DELE		•	51-2IF		hange	Addition	
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NAME				52 N						
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NAME OTDECT ADDRESS				62 N		ADDRESS				
STREET ADDRESS	1					AODRESS				
CITY-ST-ZIP	<u> </u>			64C	11Y-S	T-ZiP				

I hereby certify that the information supplied with this filing does not indicated on this annual report or supplemental annual report is from officer or director of the corporation of the fectiver or frustee employed block 12 or Block 13 if changed, or an intrachment with an additional content of the corporation of the fective or frustee employed. qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information and accurate and that my signature shall have the same legal effect as if made under oath; that i am an ergular by execute this report as required by Chapter 607, Florida Statutes; and that my name appears in