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

CORPORATION ANNUAL REPORT **1998**

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

	1000			i	
DOCUMENT # P97000051312 (1)					
THE OL	LD SCHOOL BREAD COM	PANY			
Principal Place of Business		Mailing Address			41107 11890 11101 11101 1101 1101 1101
111 E. ATLANTIC AVENUE		111 E. ATLANTIC AVENUE			
DELRAY BEACH FL 33444		DELRAY BEACH FL 33444		DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified	
* * * * * * * * * *				06/10/1997	
2, Principal Place of Business 21		2a. Mailing Address		4. FEI Number 7/3 299	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		55070	\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State		City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be
Zip	Country	28	Country	8. This corporation owes or has paid the	Added to Fees
24	25	29	30	Personal Property Tax due June 30.	Yes No
	9, Name and Address of Curre	ent Registered Agent		10. Name and Address of New Register	d Agent
-	a r me, larry s		81 Name		
9970 CENTRAL PARK BLVD SUITE 301			82 Street Add	ress (P.O. Box Number is Not Acceptable)	
BOCA RATON FL 33428			83		
			90 0		- 1 2 5 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
			84 Gity	F	85 Zip Code
11. Pursuant t	to the provisions of Sections 607.05	02 and 607.1508, Florida Statut to of Florida, Such change was	es, the above-named corpora	poration submits this statement for the purpose	of changing its registered
agent. Fai	m lamiliar with, and accept the obli	gations of, Section 607.0505, FI	orida Stalules.	tion's board of directors. I hereby accept the a	ppontanion de l'oglete de
SIGNATURE	Signature, typoid or printed name of registered a	gent and title if applicable (NOT	F Registered Agent signature requi	trod when reinstating) DAT	
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	D	☐ DELETE	1,1 DILE		☐ Change ☐ Addition
NAME	CHARME, LARRY S		1,2 NAME		
STREET ADDRESS	9970 CENTRAL PARK BLVD	SUITE 301	. 1.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	BOCA RATON FL 33428	DELĒTE	1.4 CHY+ST-ZIP 2.1 TITLE		Change Addition
NAME			2.2 NAME		Li Gillange Li Rodillon
STREET ADORESS			2.3 STREET ADDRESS		
CITY-ST-ZIP	_		2. 4 CITY-ST-ZIP		
TITLE		DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3 3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	3.4. CiTY-ST-ZIP		Change Addition
TITLE NAME	•	[] Direction	4.1 TITLE 4.2 NAME		Change Addition
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP	<i>t</i>		4.4 City-St-ZIP		
TITLE		DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		ı
CITY-ST-ZIP			5.4 CITY - ST - ZIP		
TITLE		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
QIC-12-VIO			6 A CITY - ST - ZIP		

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 treatee emprewered 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 or manual report and report as required by Chapter 607.

CIGNATURE.

FILED

May 21 1998 8:00am

Secretary of State