


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

FILED
May 20 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # PA7000059470 1. Corporation Name: Swiss Bakery Fischer Inc			
Principal Place of Business		Mailing Address	
916 D Patricia Ave Dunedin FL 34698			
2. Principal Place of Business		2a. Mailing Address	
21 916 D Patricia Ave	26 916 D Patricia Ave	3. Date Incorporated or Qualified July 8th 1997	
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	4. FEI Number 593461421222	
23 City & State Dunedin FL	28 City & State Dunedin FL	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 Zip 34698	25 Country Pinellas	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
29 Zip 34698	30 Country Pinellas	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
Trudy Koch 1175 Lazy Lake Rd E Dunedin FL 34698		81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 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 from similar one and accept the obligations of Section 607.0505, Florida Statutes.			
SIGNATURE Trudy Koch		Trudy Koch Vice President 5/2/98	
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)		DATE	
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <input type="checkbox"/> DELETE	11 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME Ulrich Fischer	12 NAME		
STREET ADDRESS 1175 Lazy Lake Rd E	13 STREET ADDRESS		
CITY-ST-ZIP Dunedin FL 34698	14 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE	21 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME Vice President, Secretary	22 NAME		
STREET ADDRESS Trudy Koch	23 STREET ADDRESS		
CITY-ST-ZIP 1175 Lazy Lake Rd E	24 CITY-ST-ZIP		
Dunedin FL 34698	31 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE <input type="checkbox"/> DELETE	32 NAME		
NAME	33 STREET ADDRESS		
STREET ADDRESS	34 CITY-ST-ZIP		
CITY-ST-ZIP	41 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE <input type="checkbox"/> DELETE	42 NAME		
NAME	43 STREET ADDRESS		
STREET ADDRESS	44 CITY-ST-ZIP		
CITY-ST-ZIP	51 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE <input type="checkbox"/> DELETE	52 NAME		
NAME	53 STREET ADDRESS		
STREET ADDRESS	54 CITY-ST-ZIP		
CITY-ST-ZIP	61 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE <input type="checkbox"/> DELETE	62 NAME		
NAME	63 STREET ADDRESS		
STREET ADDRESS	64 CITY-ST-ZIP		
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 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.			
SIGNATURE: Trudy (Gertrud) Koch		4/21/98 813734 9890	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

CR2E034 (10/97)