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

PROFIT CORPORATION ANNUAL REPORT

1998



. FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State / DIVISION OF CORPORATIONS

DOCUMENT # P9700059898 (1)

MAX'S BAKERY, INC.

Mailing Address

FILED
May 27 1998 8:00am
Secretary of State



Principal Place of Bus	siness	Mailing Addre	988				
	PARK RD. STE. 110	490 EAST PA		RK RD. ST	E. 110		
BOCA RATON FL 334	BOCA RATOR	BOCA RATON FL 33432			DO NOT WRITE IN THIS SPACE		
						3. Date incorporated or Qualified	
					,		
2. Principal Place of Business 2a. Mailing Address						07/09/1997 4. FE Number 4 / Applied For	
21	F1	26] Suite, Apt. #, etc			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
Suite, Apt. #, etc.	+				Not Applicate Scalus Decised St. \$8.75 Additional		
22		27	., 510			5. Certificate of Status Desired Fee Regulred	
City & State		City & Stat	0				
23		28				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
Zip	Country			Countr	у	8. This corporation owes or has paid the current year Intangible	
24 25 29		29	30			Personal Properly Tax due June 30. Yes No	
	ame and Address of Cur			1		10. Name and Address of New Registered Agent	
MAX, DEN	INIS			81	Name		
	PALMETTO PARK RD.	STF 110		_			
BOCA RA	. SIL. IIV		82	Street Ad	ddress (P.O. Box Number is Not Acceptable)		
DOOK NA	1011 I L 00432			83	3		
				L			
•				84	City	B5 Zip Code	
11. Pursuant to the no	rovisions of Sections 607 (0502 and 607 1508 Fig	orida Statuto	s the abov	(e.pamod c	orporation submits this statement for the purpose of changing its registere	
office or registere	d agent, or both, in the St	ate of Fiorida, Such ch	ange was at	uthorized b	y the corpo	ration's board of directors. I hereby accept the appointment as registered	
agent. I am tamilia	ar with, and accept the or	aligations of, Section 60)7. 050 5, Flor	rida Statute	9\$.	_	
SIGNATURE Signature	typical or printed moneral registeres.	radio morale de de la filia -	ALCO 4	Daniel and A			
12,		AND DIRECTORS	(NOTI	13.	gen signature re	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
	oiclent		DELETE	1.1 TITLE	····	Change Additional Additional Change Additional Addition	
NAME DEN	DICKYIV WOLF MAIN		PEEL . C	1,2 NAME		C) Origings C) Nation	
STREET ADDRESS 4190	mis Max L. PalmatloR	ur kood so	e110	1			
OFFICE ADDRESS PO	a Ratur, Fr	20120		1	I ADDRESS		
TITLE EXC.	1/2 / 1/2		DELETE	1.4 CITY -	S1-ZIP		
NAME PLANT	Proceent			2.1 1 TLE		Change Addition	
NAME JOYC	Rayart E. Falmello Pan	r And Stell	0	2.2 NAME	1		
STREET ADDRESS 440	4 Raton Fz 3	0.430		B .	1 ADDRESS		
CITY-ST-ZIP DOL	M MMM 1 163		DELETE	2 4 CITY	S1 - 71P		
			DELETE	3.1 TITLE		☐ Change ☐ Addition	
NAME				3.2 NAME			
STREET ADDRESS					1 ADDRESS		
CITY-ST-ZIP				3.4. CITY-	S1-ZIP		
TITLE		L	DELETE	4.1 117LE		Change Addition	
NAME				4. 2 NAME		500002538 17 5 -05/28/9801013033	
STREET ADDRESS				4.3 STREE	t address	~U3/20/30~~U1U13~~U33 *********************************	
CTTY-ST-ZIP				4.4 CITY-	ST-ZIP	***158.75	
TITLE			DELETE	5.1 THILE		Change Addition	
NAME				5 2 NAME		X12	
STREET ADDRESS				5.3 STREE	T ADDRESS	7512)	
CiTY-ST-ZIP				5.4 CITY-1	ST-ZIP		
TITLE			DELETE	6.1 TITLE		Change Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET	T ADDRESS		
CITY-ST-ZIP				6.4 CITY-			
14 I hereby certify the	at the information supplied	with this filing does no	ot qualify for	the event	ntion stated	in Section 119.07(3)(i), Florida Statutes. I further certify that the information	
indicated on this a	mhuat réport or suppleme	ental aonual report is fro	ie and accu	rate and th	iat my siona	ature shall have the same legal effect as it made under oath; that I am an equired by Chapter 607, Florida Statutes; and that my name appears in	
Block 12 or Block	13 if changed, or on an a	itachment with an add	ress.	AGCOIG THIS	report as fe	equired by Chapter 607, monda statites; and that my name appears in	
	1 dans	1/10				1/6/00 5/1302 (/4/)	