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Mar 29, 1999 8:00 am Secretary of State

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000083950

1. Corporation Name

HOOP'S BREADS, INC.

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Principal Place	e of Business	Ма	ailing Address					1 (1011/4-1) (10 1011) 10411 40111 60111 60111	i itida iirin inini	31111 3411 F401
			4282 NW 54TH STREET COCONUT CREEK FL 33073					DO NOT WRITE IN TH	S SPACE	
	•						3	Date Incorporated or Qualifed	3 31 <u>710 L</u>	
							-	09/26/1997		
2. Principal P	lace of Business	2a.	Mailing Address				4.	FEI Number	- Ar	plied For
21	•	26						65-0785487	No	t Applicable
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				_	Certifcate of Status Desired		Additional
22	. ,	27					J.	Octation of Grands Dobates		equired
City & Stat	te		City & State				6.	Election Campaign Financing		May Be
23		28				•	-	Trust Fund Contribution	Added	to Fees
Zip	Country		Ζi ρ	_	intry		8.	This corporation owes the current year la	itangible [7] Yes	Z1No
24	25 g. Name and Address of Currer	29		30	_		10	Personal Property Tax. Name and Address of New Registered		
	y, Name and Address of Curren	iit Kegis	tered Agent		81	Name	10.	, and a second s		i
ноо	PINGARNER, BRIAN				82			his Assessment		
4282 NW 54TH STREET						Street Addre	ddress (P.O. Box Number is Not Acceptable)			
COC	CONUT CREEK FL 33073				83				-	
									Tag 7:-	Cada
			_		84	City		F	85 Zip	Code
		***	Lua Cuale aleana a coma acc	4	4 4	the compretion	'a be	and of dispetore. I berefy accept the app	vintment se re	nistered
agent I a	registered agent, or both, in the State am familiar with, and accept the obliga Signature, typed or printed name of registered age					the corporation	when i	The state of the s		
	Signature, typed or printed name of registered age OFFICERS AN	ent and title i	if applicable. (NOTE:	Registered	i Agent		when i		ND DIRECTO	DRS IN 12
SIGNATURE	Signature, typed or printed name of registered age OFFICERS AN	ent and title i	if applicable. (NOTE:	Registered 13.	i Agent		when i	einstating) DATE		
SIGNATURE	Signature, typed or printed name of registered age OFFICERS AN PD HOOPINGARNER, BRIAN	ent and title i	if applicable. (NOTE:	13. 1.1 TI 1.2 N	i Agent TLE AME	t signature required v	when i	einstating) DATE	ND DIRECTO	DRS IN 12
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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 807, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP