**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## May 03, 1999 8:00 am Secretary of State

05-03-1999 90109 042 \*\*\*150.00

## DOCUMENT # P97000085877

1. Corporation Name

SUNSHINE BAKERY, INC:									
							<u>. 8     1   1   1   1   1   1   1   1   1</u>		
<u> </u>				•					
Principal Place of Business Mailing Address									
4610 UNIVERSITY DR 3566 COCO LAKE DR COCONUT CREEK FL 33073						•			
COCONUT CREEK FL 33073 US US					DO NOT WRITE IN THIS SPACE				
33					3.	3. Date incorporated or Qualifed			
l						10/03/1997			
Principal Place of Business     2a. Mailing Address					4.	FEI Number	<del></del>	Applied For	
21 26						<u>65-0789508</u>	<del></del>	Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.					5.	Certificate of Status Desired [	4	5 Additional Required	
22 27 City & State City & State									
City & State	•	<b>⊢</b> , '	my & State .			Election Campaign Financing Trust Fund Contribution	•	0 May Be	
Zip	Country Zip Co			Country 8. This corporation owes the current year Intangible					
24	25	29 30	¬ '		•	Personal Property Tax.	☐Yes	□No	
9. Name and Address of Current Registered Agent			1		10.	Name and Address of New Reg	istered Agent		
	•		81	Name					
MINTON, MICHAEL D			82	Street Add	ress (P	O. Box Number is Not Acceptable	<u></u>		
DEAN, MEAD & MINTON			02	Cabbana	., 000	.o. box mander is more recorded	· .		
1903 S 25TH STREET SUITE 200			83					ļ	
FORT PIERCE FL 34947			84	City			85 Z	ip Code	
			-	- "			FL	`	
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. I a	m familiar with, and accept the obligati	ions of, Section 607.0505, Florida	a Statutes	S.		,,,,	,	, I	
SIGNATURE							DATE		
12.	VP ·	DELETE	1.1 TITLE		<i>'</i>	TO OF THE OTHER	☐ Chang		
NAME	WATKINS, DERBY H	<b>_</b>	1,2 NAME					[	
STREET ADDRESS	3232 WELLINGTON ROAD			T ADDRESS				1	
CITY-ST-ZIP	ALEXANDRIA VA 22302	• • •		ST-ZIP		· ·			
TITLE	P	☐ DELETE	2.1 TITLE				☐ Chang	ge	
NAME	Martinuzzi, darlene a		2.2 NAME						
STREET ADORESS	3566 COCO LAKE DRIVE 238		2.3 STREE	T ADDRESS					
CITY-ST-ZIP .			2. 4 CITY-5	ST-ZIP,	pir.	<u> </u>	1		
TITLE	ST	☐ DELETE	3.1 TITLE				☐ Chan	ge 🔲 Addition	
NAME	Otto, Ottoett		3.2 NAME					ļ	
STREET ADDRESS	3000 0000 11.12 11.1		3.3 STREE	T ADDRESS			•		
CITY-\$T-ZIP			3.4. CITY-5	ST-ZIP				A defice	
TITLE		☐ DELETE	4.1 TITLE			•	☐ Chan	ge	
NAME	la catalogica de la companya de la c		4. 2 NAME	1			-	{	
STREET ADDRESS	数0.77套  成分   1			TADDRESS				{	
CITY-ST-ZIP	Ver a		4.4 CITY-S	ST-ZIP		· · · · · · · · · · · · · · · · · · ·		ge Addition	
TITLE	· · · · · · · · · · · · · · · · · · ·	DELETE 5.17					☐ Chan	Ae T. WOOIIIOU )	
NAME	•			T ADDDESS				ł	
CTDEET ADDRESS	)		5.3 STREE	T ADDRESS				i	

6.4 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 of 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 of the corporation of the c

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

DELETE

Change

\_\_\_ Addition