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 # 1. Corporation Name P97000101436 (8)

MILITELLO'S BAKERY CORP.

Principal Place of Business	Mailing Address
2802 E. ORCHARD CIRCLE DAVIE EL 33328	2802 E. ORCHARD CIRCLE DAVIE FL 33328

FILED Feb 18 1998 8:00am Secretary of State



2802 E. ORCHARD CIRC DAVIE FL 33328	LE	2802 E. ORCHARD CIRCI DAVIE FL 33328	LE		DO NOT WRITE IN THI 3. Date Incorporated or Qualified 12/02/1997	S SPACE	
2. Principal Place of Bus	siness	2a. Mailing Address 26		4. FEI Number FOR	Applied For Not Applicable		
Suite, Apt. #, etc. Suite, Apt. #, etc. 27		5. Certificate of Status Desired	\$8.75 Additional Fee Required				
City & State		Cily & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip 24	Country 25	Zip 29	Countr 30	у	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No		
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent							
Press, mar			81	81 Name			
1801°WEST AVENUE MIAMI BEACH FL 33139			L	82 Street Address (P.O. Box Number is Not Acceptable)			
2			83	'			
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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 am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.							
SIGNATURE STATE OF THE STATE OF	ed or printed name of registered agent	and title if applicable (NOT	F. Donielarad Ar	ent tinnatur	e required when reinstating) DATE		
12.	OFFICERS AND		13.	rent organicore	ADDITIONS/CHANGES TO OFFICERS A		
	DETT	☐ DELETE	1.1 TITLE			☐ Change ☐ Addition	
NAME TO THE	V MATTHEW M.	(1720	1.2 NAME				
STREET ADDRESS Z.PO	K MATTHEN M.	1.3 ST		T ADDRESS			
CITY-ST-ZIP DA	VIE FIA. 3332	8	1.4 CITY -	ST-ZIP			
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STREET ADDRESS			6.3 STREE	T ADDRESS	-02/19/98010130	JU7	
CITY-ST-ZIP			6.4 CITY-		***150.00		
	افلين اممال مميني مماليم مسالم	this filing door not qualify to	r too ovom	ation otat	ed in Section 119.07/3\/i) Florida Statutes, I further	cortify that the information	

Thereby 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.

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