


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

FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90097 012 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000025833

1. Corporation Name

FEILLET-TREHOREL BAKERS, INC.



Principal Place of Business 888 SE 3RD AVENUE SUITE 400 FT LAUDERDALE FL 33316	Mailing Address 888 SE 3RD AVENUE SUITE 400 FT LAUDERDALE FL 33316
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/19/1998

2. Principal Place of Business 21 100 N. E. 3 Avenue Suite, Apt. #, etc. 22 Suite 1100 City & State 23 Ft. Lauderdale, FL Zip 24 33301 Country 25 USA	2a. Mailing Address 26 100 N. E. 3 Avenue Suite, Apt. #, etc. 27 Suite 1100 City & State 28 Fort Lauderdale, FL Zip 29 33301 Country 30 USA
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4. FEI Number

Applied For

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

BARTHE, FREDERIC M
888 SE 3RD AVENUE SUITE 400
FT LAUDERDALE FL 33316

10. Name and Address of New Registered Agent

81 Name
EMO Corporate Services, Inc.
82 Street Address (P.O. Box Number is Not Acceptable)
100 N. E. 3 Avenue, Suite 1100
83
84 City
Fort Lauderdale FL 85 Zip Code
33301

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.

EMO Corporate Services, Inc.

SIGNATURE BY: *Robert J. Smith*

(NOTE: Registered Agent signature required when reinstating)

4/29/99

DATE

12. OFFICERS AND DIRECTORS	
TITLE	DP <input type="checkbox"/> DELETE
NAME	FEILLET, LOIC
STREET ADDRESS	888 SE 3RD AVENUE SUITE 400
CITY-ST-ZIP	FT LAUDERDALE FL 33316
TITLE	DV <input checked="" type="checkbox"/> DELETE
NAME	TREHOREL, GERARD
STREET ADDRESS	888 SE 3RD AVENUE SUITE 400
CITY-ST-ZIP	FT LAUDERDALE FL 33316
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	100 N. E. 3 Avenue, Suite 1100
1.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33301
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/99

Date

954-462-3300

Daytime Phone #

CR2E034 (11/98)