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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000048456

1. Corporation Name

Principal Place of Business

SOUTH TAMPA BREAD, INC.

677 Broadwa' Dunedin Fl 34		677 BHOADWAT DUNEDIN FL 34698					
CONCONT TE O	1000	50.105.11 15 0.105			DO NOT WRITE IN THIS	S SPACE	
					3. Date Incorporated or Qualifed 05/28/1998	,	
2. Principal Place of Business 2a. Mailing Address			·-··-		4. FEI Number	Ap	plied For
21	26				59-3518 977		t Applicable
Suite, Apt.	#. etc.	Suite, Apt. #, etc.				\$8.75	
22		27			5. Certificate of Status Desired	Fee Re	quired
City & Stat	8	- City & State			6. Election Campaign Financing	\$5.00	
23		28		-	Trust Fund Contribution	Added t	o Fees
Zip	Country	Zip	Country		8. This corporation owes the current year in		
24	25	29 30	<u> </u>		Personal Property Tax.		□No
	9. Name and Address of Curre	ent Registered Agent		•	10. Name and Address of New Registered	Agent	
O. IO	WELL LABATEC		81	Name			
	IIN, JAMES		82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
	BROADWAY				, , , , , , , , , , , , , , , , , , , ,		
DUN	iedin FL 34698		83				
	•		84	City		85 Zip (Code
	•			·	oration submits this statement for the purpose o	<u> </u>	
agent. I a					n's board of directors. I hereby accept the appo		<u></u>
	Signature, typed or printed name of registered ag			nt signature required	The state of the s	ND DIDECTO	DC IN 12
12.		ND DIRECTORS	13.	1	ADDITIONS/CHANGES TO OFFICERS A	☐ Change	Addition
TITLE	D DIDIN MARE	☐ DELETE	1.1 TITLE			☐ Change	
NAME	RUBIN, JAMES		1.2 NAME				
STREET ADDRESS			L	TADDRESS			
CITY-ST-ZIP	DUNEDIN FL 34698		1.4 CITY-S	T-ZIP			- Addition
TITLE	D .	☐ DELETE	2.1 TITLE			Change	☐ Addition
NAME	HEIFETZ, LINDA		2.2 NAME				
STREET ADDRESS			2.3 STREE	TADDRESS			,
CITY-ST-ZIP	DUNEDIN FL 34698		2. 4 CITY-5	ST-ZIP			
TITLE		□ DELETE	3.1 TITLE_	~	الم المعاصيات في الكالميس ياليس	☐ Change	☐ Addition
NAME	, , , , =		3.2 NAME				
STREET ADDRESS			3.3 STREE	TADDRESS			
CITY-ST-ZIP			3 4. CITY-5	T-ZIP			
TITLE		☐ DELETE	4.1 TITLE			Change	☐ Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREE	T ADDRESS			
CITY-ST-ZIP			4.4 CITY-S	T-ZiP			
TITLE	Sat Trace Pro 1 and	☐ DELETE	5.1 TITLE			☐ Change	☐ Addition
NAME	f;		5.2 NAME				•
STREET ADDRESS			5.3 STREE	T ADDRESS			
CITY-ST-ZIP	1		5.4 CITY-S	T-ZIP			
TITLE		☐ DELETE	6.1 TITLE			Change	☐ Addition
NAME	1		6.2 NAME				
STREET ADDRESS			6.3 STREE	TADDRESS		•	

6.4 CFTY+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:

CITY-ST-ZIP

FILED Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90105 033 ***150.00