PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** FILED Mar 22, 1999 8:00 am Secretary of State 03-22-1999 90067 010 ***150.00

DOCUMENT # P9800074484						
•	S CARIBBEAN BAKERY, INC).				
	,				(4 1 	
		At-line Addross			{ 4 4 5 1 96	
Principal Place 2210 WILLOUG	_	Malling Address 2210 WILLOUSHBY STREET				
PORT CHARLO		PORT CHARLOTTE FL 33980		DO NOT MOUTE IN THIS CRACE		
1896-	14 teletell /	•		DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualifed		
Burde	(MILH) LL 34200			08/20/1998	ļ	
Principal Place of Business Za. Mailing Address			<u> </u>	4. FEI Number	pplied For	
21 582	6 14 5T. W	28 5826 14	ST. W	17.00 0 1/1/2/2/2/2	ot Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	تتستسحنه وسيرجد	Carlo	Additional	
22 27 City & State City & State					May Da	
— 'n	DENTON, FL	28 BRAGENTON,	FL		to Fees	
Zip Country Zip			Country	8. This corporation owes the current year Intangible	C7.11-	
24 342		29 3 420 7 30	MAMORE	Personal Property Tax.	□No	
<u> </u>	9. Name and Address of Current	Registered Agent	81 Name			
LICAIA HAICLIANA MENDOLIEC				ENNINGHAM, HENRIOVES		
2210 WILLOUGHBY STREET				dress (P.O. Box Number is Not Acceptable)		
POR	CHARLOTTE FL 33980		83 🚜 🗷	826-14th Street West		
(,		84 City	85 Zip	Code /207	
<u> </u>				SRAPENTAN FL 34	2.07	
11. Pursuant office or r	to the provisions of Sections 607.0502 registered agent, or both, in the State of	l and 607.1508, Florida Statutes, of Florida. Such change was auth	the above-named cor orized by the corporat	poration submits this statement for the purpose of changing it ion's board of directors. I hereby accept the appointment as re-	egistered	
	im familiar with, and accept the obligat	ion of, Section 607.0505, Florida	a Statutes.	S HENNINGHAM PRES 1-16-99	}	
SIGNATURE	Signature, Rypers or Front and relimit of the Styles agen	and the Lappicable. (NOTE: Re	HENRI QUE gistered Agent algusture requi	ed when reinstating) DATE		
12.	OFFICERS AN		13,	ADDITIONS/CHANGES TO OFFICERS AND DIRECT	DRS IN 12 DOIS IN	
TITLE		□ DELETE	1.1 TITLE	PRESIDENT	Admin 5	
NAME			1.2 NAME 1.3 STREET ADDRESS	HENRIQUES HENNINGHAM 141	(ST B	
STREET ADDRESS CITY-ST-ZIP	1		1.4 CITY-ST-ZIP	READERTON EL 34207 RAR	DENTON H. 🖁	
TILE	 -	DELETE	2.1 TITLE	Change	Addition O	
NAME	1	`	22 NAME .		<u> </u>	
STREET ADDRESS	م د سنده اسم		.2.3 STREET ADDRESS	وموجو مداورة في بها في المستدان والمراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع	· .	
CITY-ST-ZIP		[] DELETE	2.4 CTTY-ST-ZIP	Change	Addition	
TITLE		DELETE	3.1 TITLE 3.2 NAME	· · ·		
STREET ADDRESS			32 NAME			
CITY-ST-ZIP			3.4. CITY-ST-ZIP	<u></u>		
TITLE		☐ DELETE	4.1 TITLE	☐ Change	☐ Addition	
NAME			4, 2 NAME	•	1 1	
STREET ADDRESS			4.3 STREET ADDRESS		i	
CITY-ST-ZIP		☐ DELETE	4.4 CITY-ST-ZIP	☐ Change	Addition :	
TITLE	1	□ nerese	5.1 TITLE 5.2 NAME	٠		
NAME STREET ADORESS			5.3 STREET ADDRESS			
CITY-ST-ZIP		•	5.4 CITY-ST-ZIP	. <u> </u>		
TITLE		DELETE	6.1 TITLE	Change	Addition	
NAME	्र । अहार द्वार स्टब्स्ट । इ.स.च्यार स्टब्स्ट स्टब्स्ट ।	1	6.2 NAME		· ·	
	[2]				i	
STREET ADDRESS	BOND CONTRACTOR		6.3 STREET ADDRESS			
CITY-ST-ZIP	Brown Committee Control	A & 1 - OFFice of a	6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	Section 119.07(3)(j), 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 path; that if an air officer or director of the corporation or the receiver or trustee empowered to excute 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.

CRYPHITED HAME OF SIGNING OFFICER OR DIRECTOR