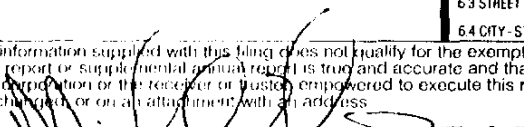


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Feb 17 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998			FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L68983 (0) 1. Corporation Name BAGELS WITH, INC.				
Principal Place of Business 5580 N FEDERAL HIGHWAY BOCA RATON FL 33487		Mailing Address 5580 N FEDERAL HIGHWAY BOCA RATON FL 33487		
DO NOT WRITE IN THIS SPACE				
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 04/26/1990 4. FEI Number 59-2439193 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 or has paid the current year intangible Personal Property Tax due June 30. ☐ Yes ☐ No
9. Name and Address of Current Registered Agent GORDON, LEONARD 5580 N FEDERAL HIGHWAY BOCA RATON FL 33487			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
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 _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE _____				
12. OFFICERS AND DIRECTORS				
TITLE	P	☐ DELETE	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME	GORDON, LEONARD		1.1 TITLE	☐ Change ☐ Addition
STREET ADDRESS	5580 N FEDERAL HWY		1.2 NAME	
CITY-ST-ZIP	BOCA RATON FL		1.3 STREET ADDRESS	
TITLE	V	☐ DELETE	1.4 CITY-ST-ZIP	
NAME	EHRENPREIS, MICHAEL		2.1 TITLE	☐ Change ☐ Addition
STREET ADDRESS	5580 N FEDERAL HWY		2.2 NAME	
CITY-ST-ZIP	BOCA RATON FL		2.3 STREET ADDRESS	
TITLE		☐ DELETE	2.4 CITY-ST-ZIP	
NAME			3.1 TITLE	☐ Change ☐ Addition
STREET ADDRESS			3.2 NAME	
CITY-ST-ZIP			3.3 STREET ADDRESS	
TITLE		☐ DELETE	3.4 CITY-ST-ZIP	
NAME			4.1 TITLE	☐ Change ☐ Addition
STREET ADDRESS			4.2 NAME	
CITY-ST-ZIP			4.3 STREET ADDRESS	
TITLE		☐ DELETE	4.4 CITY-ST-ZIP	
NAME			5.1 TITLE	☐ Change ☐ Addition
STREET ADDRESS			5.2 NAME	
CITY-ST-ZIP			5.3 STREET ADDRESS	
TITLE		☐ DELETE	5.4 CITY-ST-ZIP	
NAME			6.1 TITLE	☐ Change ☐ Addition
STREET ADDRESS			6.2 NAME	
CITY-ST-ZIP			6.3 STREET ADDRESS	
TITLE		☐ DELETE	6.4 CITY-ST-ZIP	
NAME				
STREET ADDRESS				
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 checked, or on an attachment with an address.				
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				

CR2E034 (10/97)