

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Moricani
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P94000001947 (8)**

1. Corporation Name
EMPIRE BAGEL FACTORY INC.



Principal Place of Business
**277 N. COLLIER BLVD.
MARCO ISLAND FL 33937**

Mailing Address
**277 N. COLLIER BLVD.
MARCO ISLAND FL 33937**

| | |
|---|--|
| 3. Date Incorporated or Qualified 01/10/1994 | 3a. Date of Last Report 02/07/1995 |
| 4. FEI Number 65-0454528 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes. <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| | |
|--------------------------------|-------------------------|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21. State, Apt. #, etc. | 26. State, Apt. #, etc. |
| 22. City & State | 27. City & State |
| 23. Zip | 28. Zip |
| 24. Country | 29. Country |
| 25. Country | 30. Country |

9. Name and Address of Current Registered Agent

**D'AMICO, WILLIAM
277 N. COLLIER BLVD.
MARCO ISLAND FL 33937**

10. Name and Address of New Registered Agent

| | |
|--|-----------|
| 81. Name | |
| 82. Street Address (P.O. Box Number is Not Applicable) | |
| 83. City | |
| 84. City | |
| 85. Zip Code | FL |

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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0503, Florida Statutes.

SIGNATURE _____ Date _____

| 12. OFFICERS AND DIRECTORS | | |
|----------------------------|-----------------------------|--|
| TITLE | P | <input type="checkbox"/> DELETE |
| NAME | D'AMICO, WILLIAM R. | |
| STREET ADDRESS | 277 N. COLLIER BLVD. | |
| CITY-ST-ZIP | MARCO ISLAND FL | |
| TITLE | VP | <input checked="" type="checkbox"/> DELETE |
| NAME | DI BONA, LANA | |
| STREET ADDRESS | 277 N. COLLIER BLVD. | |
| CITY-ST-ZIP | MARCO ISLAND FL | |
| TITLE | T | <input type="checkbox"/> DELETE |
| NAME | D'AMICO, ELEANOR E. | |
| STREET ADDRESS | 277 N. COLLIER BLVD. | |
| CITY-ST-ZIP | MARCO ISLAND FL | |
| 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. TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2. NAME | | |
| 3. STREET ADDRESS | | |
| 4. CITY-ST-ZIP | | |
| 5. TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6. NAME | | |
| 7. STREET ADDRESS | | |
| 8. CITY-ST-ZIP | | |
| 9. TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 10. NAME | | |
| 11. STREET ADDRESS | | |
| 12. CITY-ST-ZIP | | |
| 13. TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 14. NAME | | |
| 15. STREET ADDRESS | | |
| 16. CITY-ST-ZIP | | |
| 17. TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 18. NAME | | |
| 19. STREET ADDRESS | | |
| 20. CITY-ST-ZIP | | |

14. I do hereby certify that the information supplied on this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplement 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 it is a part of an attachment with an address.

SIGNATURE: *Eleanor D'Amico*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-25-96 *941-642-4141*

CR2E034 (12/95)