

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

CORPORATION  
ANNUAL REPORT  
1995



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

**FILED**  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

DOCUMENT # **P94000018292 (0)**

1. Corporation Name

**GOURMET BAGEL SHOP, INC.**

95 JAN 18 PM 4:14

Principal Place of Business      Mailing Address  
**140 INTRACOASTAL POINTE DR  
SUITE 401  
JUPITER FL 33477**      **140 INTRACOASTAL POINTE DR  
SUITE 401  
JUPITER FL 33477**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified      3a. Date of Last Report  
**03/04/1994**

4. FEI Number      Applied For  
**65-0497566**       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 has liability for intangible tax under S. 199.032, Florida Statutes       Yes       No

2. Principal Place of Business      2a. Mailing Address

21      26

Suite, Apt. #, etc.      Suite, Apt. #, etc.

22      27

City & State      City & State

23      28

Zip      Country      Zip      Country

24      25      29      30

9. Name and Address of Current Registered Agent

**SELDIN, KEITH A  
140 INTRACOASTAL POINTE DR  
SUITE 401  
JUPITER FL 33477**

10. Name and Address of Now Registered Agent

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City      B5 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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (Signature of Registered Agent required when changing office)

12. OFFICERS AND DIRECTORS

TITLE      NAME      STREET ADDRESS      CITY, ST, ZIP

**D / Pres      BRODER, JEROME      138 WATERS EDGE DR      JUPITER FL 33477**

TITLE      NAME      STREET ADDRESS      CITY, ST, ZIP

TITLE      NAME      STREET ADDRESS      CITY, ST, ZIP

TITLE      NAME      STREET ADDRESS      CITY, ST, ZIP

TITLE      NAME      STREET ADDRESS      CITY, ST, ZIP

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TITLE      NAME      STREET ADDRESS      CITY, ST, ZIP

TITLE      NAME      STREET ADDRESS      CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE      12 NAME      13 STREET ADDRESS      14 CITY, ST, ZIP

**P**       Change       Addition

21 TITLE      22 NAME      23 STREET ADDRESS      24 CITY, ST, ZIP

**V**       Change       Addition

**STUART BRODER      7493 SE BAY GARDEN CIRCLE      HOBE SOUND, FL 33455**

31 TITLE      32 NAME      33 STREET ADDRESS      34 CITY, ST, ZIP

**T/S**       Change       Addition

**MARK MULLER      2301 N SNAIL RIDGE COURT      PALM BEACH GARDENS, FL 33418**

41 TITLE      42 NAME      43 STREET ADDRESS      44 CITY, ST, ZIP

51 TITLE      52 NAME      53 STREET ADDRESS      54 CITY, ST, ZIP

61 TITLE      62 NAME      63 STREET ADDRESS      64 CITY, ST, ZIP

14. I do hereby certify that the information supplied with this filing is verifiably furnished and does not qualify for the exceptions stated in Sections 110 (07)(b)(k), 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 duly empowered to execute this report as required by Chapter 107, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Mark D. Mueller**      **MARK Mueller**      **1/12/95**      **(407) 471-8688**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Telephone Number