

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

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # P94000018292 (0)**

1. Corporation Name  
**GOURMET BAGEL SHOP, INC.**



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

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

3. Date Incorporated or Qualified: **03/04/1994**  
3a. Date of Last Report: **01/18/1995**  
4. FTT Number: **65-0497566**  
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

**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 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 607.0602 and 607.0603, 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 607.0605, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

12.1 TITLE	DP	<input type="checkbox"/> DELETE
12.2 NAME	BRODER, JEROME	
12.3 STREET ADDRESS	<del>376 EAGLE DR.</del> 376 EAGLE DR.	
12.4 CITY, ST., ZIP	JUPITER FL	
12.5 TITLE	V	<input type="checkbox"/> DELETE
12.6 NAME	BRODER, STUART	
12.7 STREET ADDRESS	7493 SE BAY CEDAR CIR.	
12.8 CITY, ST., ZIP	HOBE SOUND FL	
12.9 TITLE	TS	<input checked="" type="checkbox"/> DELETE
12.10 NAME	MUELLER, MARK	
12.11 STREET ADDRESS	<del>2301 H SABAL RIDGE CT.</del> 2301 H SABAL RIDGE CT.	
12.12 CITY, ST., ZIP	<del>PALM BCH. GARDENS FL</del> PALM BCH. GARDENS FL	
12.13 TITLE		<input type="checkbox"/> DELETE
12.14 NAME		
12.15 STREET ADDRESS		
12.16 CITY, ST., ZIP		
12.17 TITLE		<input type="checkbox"/> DELETE
12.18 NAME		
12.19 STREET ADDRESS		
12.20 CITY, ST., ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN

13.1 TITLE	TS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
13.2 NAME	BRODER, MURIEL	
13.3 STREET ADDRESS	376 EAGLE DR.	
13.4 CITY, ST., ZIP	JUPITER FL.	
13.5 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.6 NAME		
13.7 STREET ADDRESS		
13.8 CITY, ST., ZIP		
13.9 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.10 NAME		
13.11 STREET ADDRESS		
13.12 CITY, ST., ZIP		
13.13 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.14 NAME		
13.15 STREET ADDRESS		
13.16 CITY, ST., ZIP		

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

SIGNATURE:

*Jerome Broder Pres.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
JEROME BRODER PRES

2/10/96

(407) 744-8975  
CH 119.07(3)(k)

CR2E034 (12/95)