

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

FILED

**May 04 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000066656 (4)
1. Corporation Name
GANDY BAGELS, INC.



Principal Place of Business 4644 GANDY BLVD. UNIT 6 TAMPA FL 33611	Mailing Address 4644 GANDY BLVD. UNIT 6 TAMPA FL 33611
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DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified 07/31/1997	
4. FEI Number 59-3403551	Applied For <input type="checkbox"/> 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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**CUCCARO, KURT
4644 GANDY BLVD. UNIT 6
TAMPA FL 33611**

10. Name and Address of New Registered Agent

81 Name Anne M. Flanigan	
82 Street Address (P.O. Box Number is Not Acceptable) 4644 Gandy Blvd. Unit 6	
83	
84 City Tampa	85 Zip Code FL 33611

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 Anne M. Flanigan, Owner/President DATE 4/25/98

12. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	P/VIT/SID/CL/m All
1.3 STREET ADDRESS	Anne m. Flanigan
1.4 CITY-ST-ZIP	411 Alhambra way so. St. Pete, Fla 33705

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 changed, or on an attachment with an address.

SIGNATURE: Anne M. Flanigan Anne M. Flanigan Pres. 4/25/98 813 839-8049

CR2E034 (10/97)