

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1998**



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

**FILED**  
**Oct 01 1998 8:00am**  
**Secretary of State**

**DOCUMENT # F97000005150 (4)**

1. Corporation Name

**HEALTHY DELIGHTS BAGELS & DELI CO.**



Principal Place of Business

**9332 RISING SUN AVE.  
PHILADELPHIA PA 19115**

Mailing Address

**9332 RISING SUN AVE.  
PHILADELPHIA PA 19115**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**10/01/1997**

4. FEI Number

**APPLIED FOR 65-0784425**

Applied For

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30.



Yes



No

2. Principal Place of Business

**21 1223 LINCOLN RD**

Suite, Apt. #, etc.

**22**

City & State

**23 MIAMI BEACH, FL**

Zip

**24 33139**

Country

**25 U.S.A.**

2a. Mailing Address

**26 1223 LINCOLN RD**

Suite, Apt. #, etc.

**27**

City & State

**28 MIAMI BEACH, FL**

Zip

**29 33139**

Country

**30 U.S.A.**

9. Name and Address of Current Registered Agent

**ALEXANDER, ALLEN  
1223 LINCOLN RD.  
MIAMI BEACH FL 33139**

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

**CP** ☐ DELETE

**ALEXANDER, ALEX  
9332 RISING SUN AVE.  
PHILADELPHIA PA 19115**

**CVST** ☐ DELETE

**ALEXANDER, ALLEN  
9332 RISING SUN AVE.  
PHILADELPHIA PA 19115**

☐ DELETE

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

**1.1 TITLE**  
**1.2 NAME**  
**1.3 STREET ADDRESS**  
**1.4 CITY-ST-ZIP**  
**1455 N. TREASURE DR. APT. 2-11  
N. BAY VILLAGE, FL 33141**

☒ Change ☐ Addition

**2.1 TITLE**  
**2.2 NAME**  
**2.3 STREET ADDRESS**  
**2.4 CITY-ST-ZIP**  
**1455 N. TREASURE DR. APT. 2-11  
N. BAY VILLAGE, FL 33141**

☐ Change ☐ Addition

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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

**ALEXANDER, ALLEN**

**10 01 98 305-531-9477**

CR2E034 (5/98)