

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # J14169 (3)

1. Corporation Name  
BAGEL KING, INC.



Principal Place of Business

9041 LITTLE RD.  
NEW PORT RICHEY FL 34654

Mailing Address

9041 LITTLE RD.  
NEW PORT RICHEY FL 34654

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc

22 City & State

27 City & State

23 Zip Country

28 Zip Country

9. Name and Address of Current Registered Agent

ERCEG, LORRAINE  
7344 ROYAL OAK DR  
SPRING HILL FL 34607

3. Date Incorporated or Qualified

05/14/1986

3a. Date of Last Report

05/01/1995

4. FEI Number

59-2680588

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 has liability for intangible tax under s. 199.032,  
Florida Statutes

☒ Yes ☐ No

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 of agent or principal name of registered agent (if that is applicable)

Signature of principal agent (signature required when appointing)

DATE

12. OFFICERS AND DIRECTORS

| TITLE | NAME              | STREET ADDRESS    | CITY-ST-ZIP    | <input type="checkbox"/> DELETE |
|-------|-------------------|-------------------|----------------|---------------------------------|
|       | DPST              |                   |                |                                 |
|       | ERCEG, LORRAINE M | 7344 ROYAL OAK DR | SPRING HILL FL |                                 |
|       |                   |                   |                |                                 |
|       |                   |                   |                |                                 |
|       |                   |                   |                |                                 |
|       |                   |                   |                |                                 |
|       |                   |                   |                |                                 |
|       |                   |                   |                |                                 |
|       |                   |                   |                |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| 1.1 TITLE | 1.2 NAME | 1.3 STREET ADDRESS | 1.4 CITY-ST-ZIP | 2.1 TITLE | 2.2 NAME | 2.3 STREET ADDRESS | 2.4 CITY-ST-ZIP | 3.1 TITLE | 3.2 NAME | 3.3 STREET ADDRESS | 3.4 CITY-ST-ZIP | 4.1 TITLE | 4.2 NAME | 4.3 STREET ADDRESS | 4.4 CITY-ST-ZIP | 5.1 TITLE | 5.2 NAME | 5.3 STREET ADDRESS | 5.4 CITY-ST-ZIP | 6.1 TITLE | 6.2 NAME | 6.3 STREET ADDRESS | 6.4 CITY-ST-ZIP |
|-----------|----------|--------------------|-----------------|-----------|----------|--------------------|-----------------|-----------|----------|--------------------|-----------------|-----------|----------|--------------------|-----------------|-----------|----------|--------------------|-----------------|-----------|----------|--------------------|-----------------|
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|           |          |                    |                 |           |          |                    |                 |           |          |                    |                 |           |          |                    |                 |           |          |                    |                 |           |          |                    |                 |

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 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: *Lorraine M. Erceg* LORRAINE M. ERCEG  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2/6/96*  
DATE

*(913) 863-2822*  
Display Phone #

CR2E034 (12/95)