

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 17, 1999 8:00 am
Secretary of State

05-17-1999 90094 025 ***150.00

DOCUMENT # K40751

1. Corporation Name

BRANDON BAGELS, INC.

Principal Place of Business

942 W. BRANDON BLVD.
BRANDON FL 33511

Mailing Address

942 W. BRANDON BLVD.
BRANDON FL 33511

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/24/1988

4. FEI Number

59-2918636

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 the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

KARP, JEFFREY F.
1207 BROOMHILL AVE.
VALRICO FL 33594

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

TITLE P
NAME CHICAS, MAURICIO I.
STREET ADDRESS 15011 NAPLES PL.
CITY-ST-ZIP TAMPA FL
☒ DELETE

TITLE ST
NAME KARP, JEFFREY F.
STREET ADDRESS 1207 BLOOMHILL AVE.
CITY-ST-ZIP VALRICO FL 33594
☐ DELETE

TITLE D
NAME MENDOZA, ANGELA
STREET ADDRESS 800 MIDDLENECK RD.
CITY-ST-ZIP GREAT NECK NY
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT
1.2 NAME JEFFREY F. KARP
1.3 STREET ADDRESS 3940 APPLETRAIL DR
1.4 CITY-ST-ZIP VALRICO, FL 33594
☐ Change ☐ Addition

2.1 TITLE ST
2.2 NAME JEFFREY F. KARP
2.3 STREET ADDRESS 3940 APPLETRAIL DR
2.4 CITY-ST-ZIP VALRICO, FL 33594
☐ Change ☐ Addition

3.1 TITLE D
3.2 NAME ANGELA MENDOZA
3.3 STREET ADDRESS 14506 HIGHLAND AVE
3.4 CITY-ST-ZIP TAMPA, FL 33624
☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/27/99

(813) 654-9672

CR2E034 (11/98)

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