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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

	1996	4.7.7	retary of State OF CORPORATIONS	S				
DOCUN 1. Corporation		3 (0)	27,402					
BAGELS	S WITH, INC.							
Principal Place of Business		Mailing Address				I IIII DIRH DIRH	(18 11 1 7111 1 7	J a n Bia n I ao i
5580 N FEDERAL HIGHWAY		5580 N FEDERAL HIGHWAY						
BOCA RATON	FL 33487	BOCA RATON FL 33	1487		3. Date Incorporated or Qualified	3a. Date	of Last Re	nort
					04/26/1990		27/1995	
2. Principal Place of Business		2a. Mailing Address			4. FEI Number		├-	applied For Not Applicable
Suite, Apt. #, etc.		Surte, Apt. #, etc.			59-2439193 5. Certificate of Status Desired	п		Additional
22		27						Required
Orty & State		City & State			Election Campaign Financing Trust Fund Contribution	S5.00 May Be Added to Fees		
Zφ	Country	Zip	Country		8. This corporation has liability for		under s	199.032,
24	9. Name and Address of Curre	29 ent Registered Agent	30		Florida Statutes Yes 10. Name and Address of New I	i ∐No Registered A	gent	
			81 N	Name				
GORDON	i, Leonard		82 5	Street Addre	ss (P.O. Box Number is Not Accepta	ble)		
	EDERAL HIGHWAY		83					
DUCA N	ATON FL 33487		84 (Dity			85 Zip	Code
			1 1	•	tion submits this statement for the pu	FL		
familiar with	h, and accept the obligations of, Se Signature, typod or printed name of registered ag-	ction 607.0505, Fiorida Statu	(NOTE Registered April 59)		Lot directors. Thereby accept the applications of the second regions of the second regio	DAIF		
12.	P OFFICERS A	DELETE	1.1 TillE		ADDITIONS/OFFANGLO TO OFF	<u>-</u>	Change	Addition
NAM!	GORDON, LEONARD		1.2 NAME					
STREET ADDRESS	5580 N FEDERAL HWY		1.3 STREET AD					
CrTY+ST ZIP TITLE	BOCA RATON FL V	☐ DELFIE	1.4 CiTY - \$1 - 7 2 - 1 TITE	7.1"		·] Change	Addition
NAME	EHRENPREIS, MICHAEL		2.2 NAME					
STREET ADDRESS	5580 N FEDERAL HWY		2.3 STHEET AD					
CITY - ST - ZIP TITLE	BOCA RATON FL	DELETE	2.4 CHY-S1 2 3.1 Hite	<u> </u>			Change	Addition
NAME			3 2 NAME					
STREET ADDRESS			3.3 STREET AD					
TILLE		DELETE	3.4.0HY - SF-7 4.1.1HLF	/IF	,		Change	☐ Addition
NAME			4.2 NAME					
STREET ADDRESS			4.3 STHEET AC	1				
CITY-ST-ZP TIPLE		DELETE	4.4 CITY - S1 - 7 5 - 1 TITLE	ZP			Change	Addition
NAMÉ		-	5.2 NAME					
STREET ADDRESS			5 3 STHEET AC					
CITY+ST+ZIP TITLE		DELFTE	5.4 CITY - ST 6 1 TH (F	ZIP	<u></u>	·	Change	Addition
NAME			6.2 NAME			_	-	
\$1REET ADDRESS			6.3 STREET AC	DORESS				
011Y-S1-7IP 14. 1 do bereb	v certify that the information supplie	ed with this filma is voluntarily	6 4 CITY - ST furnished and does r	not qualify fo	or the exemption stated in Section 11	9.07(3)(k), Flo	rida Statut	es. I further
certify that oath; that appears in	the information indicated on this ar I am an officer or director of the cor Block 12 or Block 13 or anged.	mual report or supplemental poration of the receiver or true on a state and the receiver or true on a state and the same of th	annual report is true ustee empowered to	and accurate execute this	e and that my signature shall have the report as required by Chapter 607, I	n same legal Florida Statute	effect as if as; and tha <i>407</i>)	made under at my name

LEONARD GORDON SIGNATURE: Semuel House LEOIVAND SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR