FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 28 AM 10:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L84460** **(9)**

1. Corporation Name
BAGELAND OF PALM BEACH GARDENS, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
3985 JOG ROAD GREENACRES FL 33464	3985 JOG ROAD GREENACRES FL 33464

3. Date Incorporated or Qualified: 06/29/1990
3a. Date of Last Report: 10/04/1994

2. Principal Place of Business	2a. Mailing Address
21 16961 N. MILITARY TR	26 16961 N. MILITARY TR
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: PALM BEACH GARDENS	28 City & State: PALM BEACH GARDENS
24 Zip: FL 33410 25 Country: USA	29 Zip: FL 33410 30 Country: USA

4. FEI Number: 65-0221177 ☐ 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
LIOCE, DOMENICK R. 1645 PALM BEACH LAKES BLVD. SUITE 1200 WEST PALM BEACH FL 33401	81 Name: PAUL STANLEY 82 Street Address (P.O. Box Number is Not Acceptable): [redacted] 1555 LONGVIEW TER 83: WEST PALM BEACH 84 City: FL 85 Zip Code: 33414

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: PAUL STANLEY 4/25/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	STANLEY, PAUL N	12 NAME	
STREET ADDRESS	11878 FOREST HILL BLVD.	13 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL	14 CITY-ST-ZIP	
TITLE	VPD	21 TITLE	☐ Change ☐ Addition
NAME	PICCIANO, PETER	22 NAME	
STREET ADDRESS	11878 FOREST HILL BLVD.	23 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL	24 CITY-ST-ZIP	
TITLE	ST	31 TITLE	☐ Change ☐ Addition
NAME	SANDBERG, LEONARD	32 NAME	
STREET ADDRESS	300 EAST 58TH ST., STE. D	33 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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)(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: [signature] 4/25/95 407 624 9440
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER — Daytime Phone #

0272492 CP