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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M65791

i791 (9)

ROSIE & HOWIE'S WONDERFUL WORLD OF BAGELS, INC.

Principal Place of Business Mailing Address					
		7409 NW 57TH STREET			
TAMARAC FL		TAMARAC FL 33319			
				DO NOT WRITE IN	THIS SPACE
				3. Date Incorporated or Qualified 01/26/1988	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0025247	Not Applicable
Suite, Apt.	#, etc.	Suito, Apt. #, etc.			\$8.75 Additional
22		27		5. Certificate of Status Desired L	Fee Required
City & State	e	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid to	— ' — "
24	25 9. Name and Address of Current	Registered Agent	30	Personal Property Tax due June 30 10. Name and Address of New Regis	
PIO	trkowski, joel s.		81 Name	ID. Hamo and Hadross of Hote Hogis	noreu Agent
	' - 71ST STREET				
MIAMI BEACH FL 33141			82 Street Add	fress (P.O. Box Number is Not Acceptable)	
•			83		
			84 City		Tee 7 0 1
			64 City		FL 85 Zip Code
Office or ri	to the provisions of Sections 607 0502 egistered agent, or both, in the State of m familiar with, and accept the obligat	il Florida. Such change wa s	authorized by the corpora	poration submits this statement for the purp alion's board of directors. I hereby accept the	pose of changing its registered no appointment as registered
SIGNATURE					
	Signature, typod or printed name of registered agent		It: Registered Agent signature requi		DATE
12.	OFFICERS AND	DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFICER	
NAME	THOMASHOW, HOWARD	ריין טנרניונ	1.1 TITLE		Change Addition
STREET ADDRESS	11632 NW 19TH DR.		1.2 NAME		
DITY-ST-ZIP	CORAL SPRINGS, FL 33071		1.3 STHEET ADDRESS		
TITLE	0	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE		Change Addition
NAME	THOMASHOW, ROSE	<u></u>	2.2 NAME		C change C roomen
STREET ADDRESS	11632 NW 19TH DR.		2.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS FL 33071		2. 4 CITY- ST-ZIP		
TITLE		DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADORESS			3.3 STREET ADDRESS		
CITY+ST-ZIP			3.4. CITY - ST - ZIP		
TITLE		□ OFLETE	4 1 THTLF		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		T proper	4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 THILE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP	***************************************	DELETE	5.4 CITY - S1 - ZIP		Change
TITLE		F" DELEIF	6.1 TITLE		Change Addition
NAME OTDEET ADDRESS			6.2 NAME		
STREET ADDRESS	\$		6.3 STREET ADDRESS		
CITY-ST-ZIP	ortify that the information supplied with	this filing dose not availy (64 CITY-ST-7IP	Castion (10.07/9)/i) Florida Statidas I furb	L

indicated on this annual report or supplies with this filling does not quality for the exemption stated in Section 119.07(3)(j). Florida Statutes, I further certify that the information indicated on this annual report or suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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.

COMMENCE Howard Thomashow

Himmeday 2121/08 754

FILED

Jan 27 1998 8:00am

Secretary of State