

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

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE 2000 N. W. 11th Avenue Tallahassee, Florida 32301-2000 Telephone: (904) 493-1200
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DOCUMENT # **P92000010376 (1)**
BAGEL PALACE, INC.

APPROVED
AND
FILED

95 MAY 11 PM 11:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1a. Principal Place of Business 9420 SOUTH HOLLYBROOKE DR BUILDING 22 APARTMENT 203 PEMBROKE PINE FARMS FL 33025	1b. Mailing Address 9420 SOUTH HOLLYBROOKE DR BUILDING 22 APARTMENT 203 PEMBROKE PINE FARMS FL 33025
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2. Principal Place of Business 21 11282 PINES BOULEVARD 22 23 PEMBROKE PINES, FL. 24 33026	2b. Mailing Address 26 11282 PINES BLVD. 27 28 PEMBROKE PINES, FL. 29 33026	25 USA 30 USA
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3. Date of Report or Quarterly 12/09/1992	3a. Date of Last Report 04/29/1994
4. FIC Number 65-0373508	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Election Campaign Financing Total Fund Contribution ☐	\$5.00 May Be Added to Fees
8. This corporation has adopted the Uniform Tax Code of the Florida Statutes XX Yes ☐ No	

9. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION FL 33324**

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 State

11. Pursuant to the provisions of Sections 607.08(3) and 607.15(3)(b) 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 this appointment as registered agent from this date until I accept the resignation of Section 607.08(3)(b) Florida Statutes.

SIGNATURE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
12a. NAME D KLEINMAN, LEONARD 12b. STREET ADDRESS 214 NORTH AVENUE 12c. CITY, STATE, ZIP ROCHESTER MA 02770	13a. NAME DELETE	13b. NAME DELETE	13c. NAME DELETE
12a. NAME D LADERMAN, SARAH 12b. STREET ADDRESS 9420 S. HOLLYBROOK LAKE DR. 12c. CITY, STATE, ZIP PEMBROKE FL	13a. NAME 130 NW 108th TERR., APT. 108 HOLLYWOOD, FL. 33026	13b. NAME DELETE	13c. NAME DELETE
12a. NAME D BARBACK, EUGENE 12b. STREET ADDRESS 149-79 255TH STREET 12c. CITY, STATE, ZIP ROSEDALE NY 11422	13a. NAME DELETE	13b. NAME DELETE	13c. NAME DELETE
12a. NAME D	13a. NAME DELETE	13b. NAME DELETE	13c. NAME DELETE
12a. NAME D	13a. NAME DELETE	13b. NAME DELETE	13c. NAME DELETE
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14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(1)(b) Florida Statutes. I further certify that the information submitted on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if I were personally appearing in person as officer or director of this corporation or the member or trustee empowered to execute this report as required by Chapter 119, Florida Statutes, and that my name appears in Block 12 or Block 13 of this filing.

SIGNATURE: **SARAH LADERMAN** *Sarah Laderman* (305)437-3207
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR