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

PROFIT CORPORATION annual Repôrt



FLORIDA DEPARTMENT OF STATE

FILED

May 09 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

STREET ADDRESS

appears in Block 12 or Block 13 it

changed:1

on an attachr

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CITY-S1-ZIP

DOCUMENT # P93000008272 (5)

GOURMET BAGELS, MUFFINS & MORE, INC.

Principal Place of Business Mailing Address 13674 ST. ROAD 84 13674 ST. ROAD 84 DAVIE FL 33325 DAVIE FL 33325-5302 3. Date Incorporated or Qualified 3a. Date of Last Report 02/03/1993 03/28/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0400269 26 Not Applicable 21 Suite, Apt. #, etc. Suite, Apt #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 28 Trust Fund Contribution Added to Fees 23 Ζıp Country Zip Country This corporation has liability for intangible tax under s. 199.032, Yes 🔲 No Florida Statutes 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name GOMBAR, MARK S 13674 ST. ROAD 84 Street Address (P.O. Box Number is Not Acceptable) **DAVIE FL 33325** 63 City 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 officer 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 farmiliar with, and accept the obligations of, Section 607.0505, Florida Statutes. Signating, typed or printed name of registered agent and life if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 OFFICERS AND DIRECTORS (96/6) 13. DELETE Change Addition 1.1 TITLE TITLE GOMBAR, MARK S 1.2 NAME NAME 13674 ST ROAD 84 STREET ADDRESS 1.3 STREET ADDRESS **DAVIE FL 33325** 1.4 City-St-ZiP DELETE 2.1 TITLE Change Addition Title GOMBAR, JAMES F NAME 2.2 NAME 13674 ST ROAD 84 STREET ADDRESS 2.3 STREET ADDRESS DAVIE FL 33325 2 4 CITY-ST-ZIP CITY-ST-Zif □ DELETE Change Addition 31 TITLE TOTAL NAME 32 NAME STREET ADORESS 3.3 STREET ADDRESS 011 Y - \$1 - ZIP 3.4. CITY - ST - ZIP DELETE Change Addition TIDLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY - ST - ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CHTY-ST-ZIP DELETE Change Addition THUE 6 1 TITLE NAME 6.2 NAME

6.3 STREET ADDRESS

64 CITY-ST-ZIP 14. I do 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 of 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 of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name