

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

APPROVED
AND
FILED

1995 MAR 31 PM 9: 59

SECRET
FLA STATE
FLA

900001448569
-04/06/95--01007--005
****200.00 ****200.00

DO NOT WRITE IN THIS SPACE

CORPORATION
ANNUAL REPORT
1994 + 1995

FLORIDA DEPARTMENT OF STATE
Sandra O. Skyrum
Secretary of State
DIVISION OF CORPORATIONS



DOCUMENT # P93000017876 (2)

1. Corporation Name

STUFF-A-BAGEL OF FORT MYERS, INC.

Principal Place of Business

13771-08 N. CLEVELAND AVE.
N. FORT MYERS, FL 33903

Mailing Address

3310 DEL PRADO BLVD. S.
CAPE CORAL, FL 33904

2. Principal Place of Business

21 Suite, Apt. #, etc

22 City & State

23 Zip

24 Country

25. Mailing Address

26 Suite, Apt. #, etc

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

03/09/1993

3a. Date of Last Report

4. FEI Number

65-0496371

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

MAZZARA ANTHONY
3310 DEL PRADO BLVD. S.
CAPE CORAL, FL 33904

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

400001448574

-04/06/95--01007--006

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FL

85

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 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

Anthony Mazzara

ANTHONY MAZZARA

3/16/95

(NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
0
MAZZARA TONY
3310 DEL PRADO BLVD. S.
CAPE CORAL, FL 33904

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
0
ALARIMO MARGARET
1805 S.E. 15TH PLACE
CAPE CORAL, FL 33990

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME ☐ Change ☐ Addition

13 STREET ADDRESS ☐ Change ☐ Addition

14 CITY- ST- ZIP ☐ Change ☐ Addition

21 TITLE ☐ Change ☐ Addition

22 NAME ☐ Change ☐ Addition

23 STREET ADDRESS ☐ Change ☐ Addition

24 CITY- ST- ZIP ☐ Change ☐ Addition

31 TITLE ☐ Change ☐ Addition

32 NAME ☐ Change ☐ Addition

33 STREET ADDRESS ☐ Change ☐ Addition

34 CITY- ST- ZIP ☐ Change ☐ Addition

41 TITLE ☐ Change ☐ Addition

42 NAME ☐ Change ☐ Addition

43 STREET ADDRESS ☐ Change ☐ Addition

44 CITY- ST- ZIP ☐ Change ☐ Addition

51 TITLE ☐ Change ☐ Addition

52 NAME ☐ Change ☐ Addition

53 STREET ADDRESS ☐ Change ☐ Addition

54 CITY- ST- ZIP ☐ Change ☐ Addition

61 TITLE ☐ Change ☐ Addition

62 NAME ☐ Change ☐ Addition

63 STREET ADDRESS ☐ Change ☐ Addition

64 CITY- ST- ZIP ☐ Change ☐ Addition

'95 Reinstatement Fee Waived/ Clerical Error

SCC 3-31-95

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(1)(b), 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 807, Florida Statutes, and that my name appears as Block 12 or Block 13 if changed, on an attachment with an address.

SIGNATURE:

Anthony Mazzara

3/16/95

(813) 542-0890