


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

FILED
Apr 28 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P93000017876 (2) 1. Corporation Name STUFF-A-BAGEL OF FORT MYERS, INC.			
Principal Place of Business 13971-08 N. CLEVELAND AVE. NORTH FORT MYERS FL 33903		Mailing Address R & MACCTG. & TAX SVC., INC. 1316 S.E. 46th LANE CAPE CORAL, FL 33904 65-0160358	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 R & MACCTG. & TAX SVC., INC. 28 City & State 29 Zip 30	
3. Date Incorporated or Qualified 03/09/1993		4. FEI Number 65-0496371	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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 85 Zip Code FL	
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 _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when retaining) DATE _____			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP MAZZARA, TONY 3310 DEL PRADO BLVD. S. CAPE CORAL FL 33904		1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>	
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP ALARIMO, MARGARET 1805 S.E. 15TH PLACE CAPE CORAL FL 33990		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/> 1519 W CAPE CORAL PKWY APT 7 CAPE CORAL FL 33914	
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP DELETE <input type="checkbox"/>		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP Change <input type="checkbox"/> Addition <input type="checkbox"/>	
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP DELETE <input type="checkbox"/>		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP Change <input type="checkbox"/> Addition <input type="checkbox"/>	
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP DELETE <input type="checkbox"/>		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/> 200002503852 -04/28/98--01101--029 ***150.00	
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP DELETE <input type="checkbox"/>		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP Change <input type="checkbox"/> Addition <input type="checkbox"/>	
14. I 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 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: MARGARET ALARIMO, MARGARET ALARIMO 4/23/98 941-542-0890			

CR2E034 (10/97)