FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
Feb 18 1997 8:00am
Secretary of State

DOCUMENT # P93000034368 (9)
1. Corporation Name

FLAKOWITZ BAGEL STOP, INC.

Principal Place of Business	Mailing Address
1999 NORTH FEDERAL HIGHWAY BOCA RATON FL 33432	1999 NORTH FEDERAL HIGHWAY BOCA RATON FL 33432-1834

3. Date Incorporated or Qualified	3a. Date of Last Report
05/11/1993	08/06/1996

2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number 65-0409973	Applied For Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
Zip 24	Country 25	Zip 29	Country 30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

PIROZZI, ANGELO
1999 NORTH FEDERAL HIGHWAY
BOCA RATON FL 33432

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 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 _____
Signature typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	**DVP** ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	**PIROZZI, ANGELO**	1.2 NAME	
STREET ADDRESS	**1999 N. FEDERAL HIGHWAY**	1.3 STREET ADDRESS	
CITY-ST-ZIP	**BOCA RATON FL**	1.4 CITY-ST-ZIP	
TITLE	**DPS** ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	**PIROZZI, ROBERT**	2.2 NAME	
STREET ADDRESS	**1999 NORTH FEDERAL HIGHWAY**	2.3 STREET ADDRESS	
CITY-ST-ZIP	**BOCA RATON FL**	2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 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: _____   2/5/97   407-368-0666
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

CR2E034 (9/96)