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FILED
May 15 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 # P93000062168 (8)

1. Corporation Name

MOE'S GOURMET BAGEL CORPORATION



Principal Place of Business

Mailing Address

2075 NORTHEAST 164TH STREET
INLAND TOWER
NORTH MIAMI BEACH FL 33162

2075 NE 164TH ST
#102
N MIAMI BEACH FL 33162
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/01/1993

4. FEI Number

65-0434979

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 4032 N. 29 AVE.

Suite, Apt. #, etc.

City & State

23 HOLLYWOOD, FL

Zip

24 33020

Country

2a. Mailing Address

26 4032 N. 29 AVE.

Suite, Apt. #, etc.

City & State

28 HOLLYWOOD, FL 330

Zip

29 33020

Country

30

9. Name and Address of Current Registered Agent

ROBINSON, PAUL J ESQ.
1590 NORTHEAST 162ND STREET
STE. 200
N. MIAMI BEACH FL 33162

10. Name and Address of New Registered Agent

81 Name

HERBERT HIRSCHBERG

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

4700 SHERIDAN STREET, SUITE S

83

84 City

HOLLYWOOD

FL

85 Zip Code

33021

11. Pursuant to the provisions of Section 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

HERBERT L. HIRSCHBERG

(NOTE: Registered Agent signature required when reinstating)

4/9/98

DATE

12. OFFICERS AND DIRECTORS

TITLE PSD ☐ DELETE

NAME OSHER, MARTIN
STREET ADDRESS 2075 NORTHEAST 164TH STREET
CITY-ST-ZIP N. MIAMI BEACH FL 33162

TITLE V ☐ DELETE

NAME OSHER, IRVING
STREET ADDRESS 2075 NORTHEAST 164TH STREET
CITY-ST-ZIP N. MIAMI BEACH FL 33162

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

4032 N. 29 AVE.

HOLLYWOOD, FL 33020

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

4032 N. 29 AVE.

HOLLYWOOD, FL 33020

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☒ Change ☐ Addition

☒ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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:

4/24/98 (054) 923-1618

CR2E034 (10/97)