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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000069652 (4)

BAKIN' BAGELS, INC.

FILED Feb 10 1998 8:00am Secretary of State

Dringing I Diag	a of Dungan	NA A delega			<u> </u>	ABIH BBIH BRIK I		
Principal Place of Business Mailing Address								
2096 MACADAMIA STREET PO BOX 1407 ST. JAMES CITY FL 33956 FINDLAY OH 45839								
01. S AMEO O	11772 33350	US US			DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualified	į		
					10/01/1993			
	lace of Business	2a. Mailing Address			4. FEI Number		AF	oplied For
21		26			65-0454826		No	ot Applicable
Suite, Apt. #, etc		Suite, Apt. #, etc	<u> </u>		5. Certificate of Status Desired		\$8.75	
22		27					Fee Re	
City & State		City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Zip	Country	28]	Country					
24	25	29	30	,	8. This corporation owes or has personal Property Tax due Jui		• –	No I
	9. Name and Address of Curre		1001		10. Name and Address of New I			3,10
KR.	ASNY, MIKE		81	Name			 	
	SOUTH APOLLO BLVD.		82	Street Add	dress (P.O. Box Number is Not Accept	able)		
MELBOURNE FL 32901				DIESOI AUC		4010)		
			83					
			84	City			ac 7io	Code
				,				
11. Pursuant	to the provisions of Sections 607.050	02 and 607.1508, Florida Stati	utes, the abov	e-named cor	poration submits this statement for the	purpose of c	hanging it	s registered
agent La	m familiar with, and accept the oblig	r or noridal addn change was jations of, Section 607,0505, F	lorida Statute	y trie corpora s.	ation's board of directors. I hereby acc	ept the appoir	umeni as	registerea
SIGNATURE								
	Stgrature, typed or printed name of registers. Ling			oni signature requ	uired when reinstating)	DATE		
12.	OFFICERS AN	NO DIRECTORS DELETE	13.		ADDITIONS/CHANGES TO OFF		DIRECTOR Change	S IN 12
NAME	KRONBERG, JOHN	onti	1.2 NAME			L.	_ Unange	E ACCION
STREET ADDRESS	2096 MACADAMIA STR			T ADDDECC				
CITY-ST-ZIP	ST. JAMES CITY FL			ADDRESS				j
TITLE	D	☐ DELETE	1.4 CITY - 5 2.1 TITLE	SI-ZIF			Change	Addition
NAME	KRONBERG, PEGGY		2.2 NAME			-		
STREET ADDRESS	2098 MACADAMIA STR		2.3 STREET	ADDRESS				
CITY - ST - ZIP	ST. JAMES CITY FL		2. 4 CITY-					
TITLE		☐ DELETE	3.1 TITLE			T	Change	Addition
NAME			32 NAME				-	
STREET ADDRESS			3 3 STREET	ADDRESS				
CITY-ST-ZIP			3 4, CiTY-	ST-ZIP				
TITLE		☐ DELETE	41 TITLE				Change	Addition
NAME			4. 2 NAME	1				
STREET ADDRESS			4.3 STREET	ADDRESS				
CITY-ST-ZIP			4.4 DITY - S	ST - ZIP				
TITLE		☐ DETTE	5.1 TITLE				Change	☐ Addition
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREET	ADDRESS				
CITY-ST-ZIP		e e e e e e e e e e e e e e e e e e e	5.4 CITY - S	ST - ZIP				
TITLE		☐ DELETE	6.1 TITLE			Ĺ	Change	☐ Addition
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREET	ADDRESS				
CITY-ST-ZIP			6.4 CH1Y - S					
14 I hereby o	erbly that the information supplied w	with this filmo does not qualify.	for the exemp	tion stated in	Section 119 07(3)(i) Florida Statutes	I further certif	v that the	information

14. Thereby 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 tristley emprovered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or on an attachment with an address.

SIGNATURE: C Olm &

1/28/98

2E034 (10/97)