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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000069652

Principal Place of Business

BAKIN' BAGELS, INC.

ST. JAMES CITY FL 33956		FINDLAY OH 45839			DO NOT WRITE IN	THIS SDACE		
		US			3. Date Incorporated or Qualifed	THIS SPACE		
					10/01/1993			
2, Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number	A	pplied For	
21		26			65-0454826	N	lot Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certifcate of Status Desired		Additional Required		
City & State			City & State		6. Election Campaign Financing	\$5.00) May Be	
23		28	28		Trust Fund Contribution LJ Added to Fees			
Zip	Country	Zip	_ Country		8. This corporation owes the current year			
24	25 29 30			Personal Property Tax. Yes No				
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent 81 Name			
KRASNY, MIKE				Name				
780 SOUTH APOLLO BLVD.			82	Street Address (P.O. Box Number is Not Acceptable)				
MELE	BOURNE FL 32901		83					
			84	City		FL 85 Zip	Code	
11 Pursuant t	n the provisions of Sections 607 050	2 and 607,1508, Florida Statutes	the abov	e-named	corporation submits this statement for the purpos	se of changing it	ts registered	
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.								
agent. I ar	n familiar with, and accept the obliga	tions of, Section 607.0505, Pionic	ia Statutes					
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if analyzable (NOTE: R	egistered Age	nt signature	required when reinstating) DAT	Œ	 -	
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICER	S AND DIRECT	ORS IN 12	
TITLE	D	DELETE	1.1 TITLE			Change		
NAME	KRONBERG, JOHN		1.2 NAME					
STREET ADDRESS	2096 MACADAMIA STR		13 STREE	T ADDRESS	d.		}	
	ST. JAMES CITY FL		1.4 CITY-8					
CITY-ST-ZIP	D	☐ DELETE	2.1 TITLE	1-23		☐ Change	Addition	
NAME	KRONBERG, PEGGY	_	2.2 NAME				1	
	2096 MACADAMIA STR			T ADDRESS				
STREET ADDRESS	ST. JAMES CITY FL		2.4 CITY-S		1		ĺ	
CITY-ST-ZIP	OT: SAMES OFFITE	☐ DELETE	3.1 TITLE	31-ZIP		Change	Addition	
TITLE			3.2 NAME			į,	<i>=</i>	
NAME				T ADDRESS			ļ	
STREET ADDRESS					· · · · · · · · · · · · · · · · · · ·		1	
CITY-ST-ZIP		☐ DELETE	3.4. CITY-5 4.1 TITLE	51-ZIP		Change	Addition	
TITLE		المرادة ال	4. 2 NAME				_	
NAME			_	T 40000000				
STREET ADDRESS			1	T ADDRESS	• •			
CITY-ST-ZIP	_	□ DELETE	4.4 CITY-S 5 1 TITLE	1-ZIP		Change	Addition	
TITLE			5.2 NAME					
NAME				T ADDRESS		•	-	
STREET ADDRESS			5.4 CITY-S					
CITY-ST-ZIP		☐ DELETE	61 TITLE	71.421	<u> </u>	☐ Change	Addition	
TITLE		U DELETE	6.2 NAME		.[்		
NAME				T ADDRESS.	,			
STREET ADDRESS			0.551REE	T ADDRESS				

SIGNATURE:

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 expowered 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 with all other like empowered.

FILED

Mar 09, 1999 8:00 am Secretary of State

03-09-1999 90065 018 ***150.00