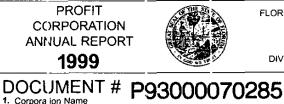
## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT CORPORATION** ANNUAL REPORT 1999

BAGELS & SUCH, INC.

1. Corpora ion Name



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## FILED Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90179 006 \*\*\*150.00

- 1   100    100    100    100    102    102    103    103    104    105    105    105    105    105    105				
---	--	--	--	--

						<u> </u>		AL 1910   DIT 100)
Principal Ptac	ce of Business	Mailing Address						
1211 NW 76 BLVD 1211 NW 76 BLVD GAINESVILLE FL 32606 GAINESVILLE FL 32606								
						DO NOT WRITE IN TH S	SPACE	
						3. Date Incorporated or Qualifed		
						10/04/1993		
2. Principal P	Place of Business	2a. Mailing Address				4. FEI Number	<b>├</b> ─ <b>├</b>	pp ied For
21		26				<u>59-3207483</u>		lot Applicable
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		Acditional tequired
City & Stat	te	City & State				6. Election Campaign Financing	\$5.00	May Be
23		28				Trust Fund Contribution		to Fees
Zip	Coun ry	Zip	Cor	intry		8. This corporation owes the current year int	angible	
24	25	29	30			Person at Property Tax.	☐ Yes	[]No
	9. Name and Address of Curr	rent Registered Agent				10. Name and Address of New Registere 1	Agent	
				81	Name			
	Jyen, Catherine M			90	Ca	(rece (D.O. Bey Number in Not Acceptable)		
121	1 NW 76 BLVD			82	Street Ad 1	Iress (P.O. Box Number is Not Acceptable)		
GA.II	NESVILLE FL 32606			83				
				84	City	FL	<b>85</b>   Zip	Code
office o	registered agent, or both, in the Sta am familiar with, and accept the obl	ite of Florida, Such change was igations of, Section 607,0505, Fl	authorized Icrida Stat	d by thutes.	ne corporati	poration submits this statement for the purpose of ion's board of directors. I hereby accept the app of the ap	ntment as r	egistered
12.	Signature, typed or printed name of registered	AND DIRECTORS	13.	Agenta	signature requi	ADDITIC NS/CHANGES TO OFFICERS / A	D DIRECT	ORS IN 12
TITLE	P	DELETE	1,1 Ti	TI E		, 10, 10, 10, 10, 10, 10, 10, 10, 10, 10	Change	
	ļ ·							_
NAME	NGUYEN, CATHERINE M		1.2 N/					
STREET ADDRESS	I .				DDRESS			į
CITY-ST-ZIP	GAINESVILLE FL			TY-ST-	ZIP -		Change	Addition
TITLE	VP	☐ DELETE	2.1 TI				Change	Addition
NAME	NGUYEN, GILBERT P		22 N					-
STREET ADDRESS			2.3 \$	TREET A	DORESS			Ì
CITY-ST-ZIP	ALLENTOWN PA			ITY-ST-	ZIP .		Channe Channe	
TITLE	VP	☐ DELETE	3.1 Ti	TLE	-		Change	Addition
NAME	SULLINS, DEBORAH L		3.2 N	AME				ļ
STREET ADDRESS			3.3 S	TREET A	DDRESS			
CITY-ST-ZIP	ALLENTOWN PA			ITY-ST-	ZIP			
TITLE		☐ DELETE	4.1 Tī	TLE			☐ Change	☐ Addition
NAME			4.2 N	IAME				İ
STREET ADDRESS	<b>;</b>		4.3 S	TREETA	DDRESS			ļ
CITY-ST-ZIP			44 CI	TY-ST-	ZIP .			
TITLE		☐ DELETE	5 1 TI	TLE			☐ Change	☐ Addition )
NAME			5.2 N	AME				l
STREET ADDRESS			535	TREET A	ODRESS			]
CITY-ST-ZIP			5.4 CI	TY-ST-	ZIP			
CITY-ST-ZIP		☐ DELETE	5.4 CI 6.1 TI		ZIP		Change	Addition
	,	☐ DELETE		TLE	ZIP		☐ Change	Addition

CITY-ST-ZIP 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 indicate 3 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR