FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1996 DOCUMENT # 1. Corporation Name

P94000023735 (1)

OVEN FRESH BAGEL COMPANY					
Principal Place	of Business	Mailing Address			ADAN DONA NEBOO NEWS DONAF WHEN DONE WAS
2368 N FEDERAL HWAY 1624 S.E. 12TH CO FORT LAUDERDALE FL 33305 FORT LAUDERDALI US					
00				3. Date Incorporated or Qualified 03/29/1994	3a. Date of Last Report 01/31/1995
2. Principal Plac ≥1		2a. Mailing Address 26		4. FEI Number 65-0485943	Applied For Not Applicable
Suite, Apt. #		Suite, Apt. #, etc		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be
Zip	Country	<i>Z</i> (p	Country	This corporation has liability for it	Added to Fees
24	25	29	30	Florida Statutes Yes	No
	9. Name and Address of Curre	nt Registered Agent	01 1	10. Name and Address of New R	egistered Agent
IDAS, SA	М		81 Name		
1624 S.E. 12TH COURT			82 Street Add	lress (P.O. Box Number is Not Acceptabl	le)
	UDERDALE FL 33316		83		* * ***
			84 City		85 Zip Code
4.4 Description	4	2 1007 (500 Ft.) 1 0	'		FL
familiar with	od agent, or both, in the State of Flor i, and accept the obligations of, Sec	≆ua. Such change was authori	ized by the corporation's boa	oration submits this statement for the purp ard of directors. I hereby accept the appo	pose of crianging its registered office pintment as registered agent. I am
	signature, typed or printed name of registered agen		NOTE Registered Agent signature recure		DATE
12 .	OFFICERS AN	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFI	
NAME	IDAS, SAM	L. Dett is	1 1 TITLE 1.2 NAME		Change Addition
STREET ADDRESS	1624 S.E. 12TH COURT		1.3 STREET ADDRESS		
City-\$1-ZiP	FORT LAUDERDALE FL		1.4 CITY - ST - ZIP	<u></u>	
TIMEF	VP	☐ DEFE1€	2 1 TITLE		Change Addition
NAME count abonce	IDAS, CAROLE 1624 S.E. 12TH COURT		2 2 NAME		
STREET ADDRESS UITY - ST-ZIP	FORT LAUDERDALE FL		2.3 STREET ADDRESS		
11'(1	D	DELETE	2 4 CITY-ST-ZIP 3 1 TITLE		Change Addition
NAME	IDAS, DAVID		3 2 NAME		C overle C vegerer
STRUET ADDRESS	154 26TH STREET		3.3 STREET ADDRESS		
OJIY-ST ZIP	DEL MAR CA 92014		34 CITY - ST - ZIP		
TIT.E		☐ DELFTE	4 1 11TLE		☐ Change ☐ Addition
NAME STREET ADDRESS			4.2 NAME		
Cliv-St-Zbi			4.3 STREET ADDRESS 4.4 City - St - Zip		
10(f		DELETE	5 1 TITLE		☐ Change ☐ Addition
RAME			5.2 NAME		_ - _
STREET ADDRESS			5.3 STREET ADDRESS		
CITY - ST - ZIP		רו סרובונ	5.4 CITY-S1-ZIP		
NAME NAME		☐ DEFELE	6 1 TITLE		☐ Change ☐ Addition
STREET ADDRESS			6 2 NAME 6 3 Street Address		
CIY SI-ZP			6 4 CITY-ST-ZIP		
14. Ldo hereby certify that	certify that the information supplied	with this filing is voluntarily fur	mished and does not qualify f	for the exemption stated in Section 119.0 ate and that my signature shall have the	07(3)(k), Florida Statutes. I further
oan, maci	am an officer or director of the vorpo Block 12 or Block 13 if changed, or	quition of the receiver of trust	lee enipowered to execute thi	are and that my signature shall have the discreport as required by Chapter 607, Fig.	same legal effect as it made under orida Statutes; and that my name

SIGNATURE:

1-17-96 954-564-46 10