

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

ANNUAL REPORT
1995



FLORIDA SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000046566

95 MAY -1 AM 8:39

TALLAHASSEE, FLORIDA

THE BAGEL WHOLE INC

3000001507018
-06/07/95--111033--024
****200.00 ****200.00

3464 N University Dr 3464 N University Dr
SUNRISE FL 33351 SUNRISE FL 33351

DO NOT WRITE IN THIS SPACE

2. State of Incorporation	2a. Mailing Address	3. Date of Incorporation	3a. Date of Last Report
21 FL	26	5/94	
22	27	65-0500782	
23	28	5. Certificate of Status Desired	\$8.75 Additional Fee Required
24	29	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
25	30	8. This corporation has liability for intangible tax under S. 199.032 Florida Statutes	☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

AVI TAASSA
1687 Coral Ridge Dr
Coral Springs FL 33071

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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.

SIGNATURE

Signature of Current Registered Agent and New Agent

NOTE: Registered Agent signature required when incorporating.

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D. AVI TAASSA	1.1 TITLE	☐ Change ☐ Addition
NAME	1687 Coral Ridge Dr	1.2 NAME	
STREET ADDRESS	Coral Springs FL 33071	1.3 STREET ADDRESS	
CITY, ST, ZIP		1.4 CITY, ST, ZIP	
TITLE		2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY, ST, ZIP		2.4 CITY, ST, ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY, ST, ZIP		3.4 CITY, ST, ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY, ST, ZIP		4.4 CITY, ST, ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY, ST, ZIP		5.4 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 this 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

AVI TAASSA

Date

Signature of Agent

4/30/95 - 505 7009 0007

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AND
FILED

95 MAY -1 PM 2:41

1995



DOCUMENT # P94000046978 (0)

SPECIALIZED CONNECTION, INC.

7916 SKIPPER LANE
TALLAHASSEE FL 32311

7916 SKIPPER LANE
TALLAHASSEE FL 32311

3 06/23/1994

3b

N/A

\$8.75 Additional
Filing Charge

\$5.00 May Be
Admitted to Court

10 Name and Address of New Registered Agent

9 Name and Address of Current Registered Agent

KLEIN, JONATHAN F
7916 SKIPPER LANE
TALLAHASSEE FL 32311

FL 85

D
KLEIN, JONATHAN F
7916 SKIPPER LANE
TALLAHASSEE FL 32311

D
MAYO, RUSSEL C
1918 GINA LANE
TALLAHASSEE FL 32303

D
BARRY S. ETTINGER
1918 GINA DR
TALLAHASSEE FL 32303

1875/30

4/27/95

SIGNATURE:

[Handwritten Signature]