SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS **DOCUMENT** # 1. Corporation Name P94000049243 (6) ORLANDO BAGEL FACTORY AT KIRKIMAN OAKS, INC. Principal Place of Business Mailing Address 4642 KIRKMAN ROAD 4629 36TH STREET ORLANDO FL 32821 STE 500 ORALNDO FL 32811 3. Date Incorporated or Qualified 3a. Date of Last Report 06/28/1994 09/11/1995 Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 59-3268121 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zιρ Country Country 8. This corporation has liability for intangible tax under s 199.032 24 25 29 30 Florida Statutes Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name WINTHROP, MARC 6493 PICCADILLY LANE Street Address (P.O. Box Number is Not Acceptable) ORLANDO FL 32835 83 City 84 85 Zip Code 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 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, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (3/96) THILE DELETE DP 1.1 1006 Change Addition NAME WINTHROP, MARC 1.2 NAME CR2E034 STREET ADORESS 6493 PICCADILLY LANE 13 STREET ADDRESS CITY-ST-ZIP Orlando Fl 32835 14 CITY - ST- ZIP TITLE DELETE 2 1 TITLE Addition Drevet, Richard NAME DREUET, RICHARD 2.2 NAME STREET ADDRESS 4629 36TH STREET, STE. 500 2 3 STREET ADDRESS CITY - ST - ZIP ORLANDO FL 32811 2 4 CITY - ST - ZIP TITLE DELETE 3 1 TITLE Change Addition NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-7/P 3.4 CITY-ST-ZIP TITLE DELETE 4.1 TIFLE Change Addition NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4 4 CITY - ST- 2IP TITLE DELETE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 54 CITY-ST-ZIP FITLE DELETE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 64 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 Scoticn 119.07(3)(k). 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 empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 33 if shanged, or on an attachment with an address.

SIGNATURE: