

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P94000060526 (8)

1. Corporation Name

BAGEL MAN, INCORPORATED

Principal Place of Business

3244 44TH AVE. NORTH  
ST PETERSBURG FL 33714  
US

Mailing Address

3244 44TH AVE. NORTH  
ST PETERSBURG FL 33714  
US

FILED

97 JUL 23 AM 8:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 08/17/1994 3a. Date of Last Report 04/01/1996

4. FEI Number 59-3270832 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

CUCCARO KURT  
5108 WHITE PINE CIR NE  
SUITE 4  
ST PETERSBURG FL 33709

10. Name and Address of New Registered Agent

81 Name CUCCARO KURT  
82 Street Address (P.O. Box Number is Not Acceptable) 3244-44TH AVE N.  
83 ST. PETERSBURG  
84 City FL 85 Zip Code 33714

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 Kurt Cuccaro PRESIDENT 7/8/97  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	DP	DELETE
NAME	CUCCARO, KURT	
STREET ADDRESS	5108 WHITE PINE CIRCLE	
CITY-ST-ZIP	ST PETERSBURG FL 33703	
TITLE	DV	DELETE
NAME	CUCCARO, MARY	
STREET ADDRESS	5108 WHITE PINE CIR. NE	
CITY-ST-ZIP	ST. PETERSBURG FL 33703	
TITLE	VP	DELETE
NAME	CUCCARO, CINDY	
STREET ADDRESS	3244-44TH AVE NORTH	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DP	Change	Addition
1.2 NAME	CUCCARO, KURT		
1.3 STREET ADDRESS	3244-44TH AVE N		
1.4 CITY-ST-ZIP	ST. PETERSBURG FL 33714		
2.1 TITLE	DV	Change	Addition
2.2 NAME	CUCCARO, MARY		
2.3 STREET ADDRESS	3244-44TH AVE N		
2.4 CITY-ST-ZIP	ST. PETERSBURG FL 33714		
3.1 TITLE		Change	Addition
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE	8000002252998-000		
4.2 NAME	-07/30/97--01100--003		
4.3 STREET ADDRESS	****165.00 ****165.00		
4.4 CITY-ST-ZIP			
5.1 TITLE		Change	Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		Change	Addition
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I do 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 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 KURT CUCARO PRESIDENT 7/8/97 (812) 534-4900

CR2E034 (4/97)

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**ST. PAUL  
BAGEL CO.**  
**LOCATIONS THROUGHOUT  
TAMPA BAY  
(813) 528-4808**

July 18<sup>th</sup> 1997

**Florida Department of State  
Division of Corporations  
Reinstatement Department  
PO Box 6327  
Tallahassee, Florida 32314**

RE: Corporate renewal Document #P94000060526  
Corporate Name - Bagel Man, Incorporated

Examiner,

With reference to the above, Please accept payment (\$165.00) for the attached Corporate renewal. We never received the first renewal notice as we expected.

Thanking you in advance for your prompt attention in this matter.

Sincerely,



Steve Boissiere  
Controller/Treasurer