

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

FILED

Mar 31 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000067745 (7)
1. Corporation Name
JONATHAN ROSE GOURMET BAGEL, CORP.

Principal Place of Business
5701 UNIVERSITY DR
TAMARAC FL 33321

Mailing Address
5701 UNIVERSITY DR
TAMARAC FL 33321



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Jonathan Rose Bagel Suite, Apt. #, etc. 22 City & State 23 TAMARAC FL Zip Country 24 33321 25		2a. Mailing Address 26 5701 University Dr Suite, Apt. #, etc. 27 City & State 28 TAMARAC FL Zip Country 29 33321 30		3. Date Incorporated or Qualified 09/12/1994	
		4. FEI Number 65-0543284		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent CAROSELLA, JOHN 4121 COCOPLUM CIRCLE COCONUT CREEK FL 33063				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				FL 85 Zip Code	

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 *John Panico* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	12.1 CAROSELLA, JOHN	1.1 TITLE	
NAME	12.2 4121 COCOPLUM CIRCLE	1.2 NAME	
STREET ADDRESS	12.3 COCONUT CREEK FL 33063	1.3 STREET ADDRESS	
CITY - ST - ZIP		1.4 CITY - ST - ZIP	
TITLE	12.2 PD	2.1 TITLE	
NAME	12.3 PANICO, JOHN	2.2 NAME	
STREET ADDRESS	12.4 4108 COOPLUM CIRCLE	2.3 STREET ADDRESS	
CITY - ST - ZIP	12.5 COCONUT CREEK FL 33063	2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 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 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: *John Panico* 3/26/98
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0292133

CR2E034 (10/97)