

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



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

FILED

95 AUG -7 AM 11:06

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P94000068619 (3)

1. Corporation Name

BAGEL INN & BAKE SHOP, INC.

Principal Place of Business

Mailing Address

1999 N FEDERAL HWY
BOCA RATON FL 33432

1999 N FEDERAL HWY
BOCA RATON FL 33432

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

09/19/1994

4. FEI Number

Applied For

65-0519852

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 6060 SW 18th Street

26 6060 SW 18th Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

23 BOCA RATON, FL

City & State

28 BOCA RATON, FL

Zip

24 33432

County

25 Palm Beach

Zip

29 33432

County

30 Palm Beach

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PIROZZI, ROBERT
1999 N FEDERAL HWY
BOCA RATON FL 33432

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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 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: Typed or printed name of registered agent and fee # applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D
NAME	PIROZZI, ROBERT
STREET ADDRESS	1999 N FEDERAL HWY
CITY, ST, ZIP	BOCA RATON FL 33432
TITLE	D
NAME	IMPERATORE, ANDREW
STREET ADDRESS	6 BERNARD ST
CITY, ST, ZIP	GREAT NECK NY 11023
TITLE	D
NAME	RIVAS, JAMES
STREET ADDRESS	945 SW 131ST AVE
CITY, ST, ZIP	DAVIE FL 33314
TITLE	D
NAME	PAOLINO, PAUL
STREET ADDRESS	35 CROYDEN
CITY, ST, ZIP	GREAT NECK NY 11023
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

1.1 TITLE	PRESIDENT	☐ Change ☒ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY, ST, ZIP		
2.1 TITLE	Secretary	☐ Change ☒ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY, ST, ZIP		
3.1 TITLE	TREASURER	☐ Change ☒ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY, ST, ZIP		
4.1 TITLE	Vice President	☐ Change ☒ Addition
4.2 NAME		
4.3 STREET ADDRESS		
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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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 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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/27/95