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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #

P94000068619 (3)

BAGEL INN & BAKE SHOP, INC.

Principal Place of Business Maling Address

6060 SW 18TH ST
BOCA RATON FL 33432
US

Maling Address

6060 SW 18TH ST
BOCA RATON FL 33432
US

FILED
Jan 25 1996 8:00 am
Secretary of State



Subject April 26 Subject April 27 Subject April			U						3. Date Incorporated or Qualified 09/19/1994	3a. Date 06		t Report 1995	
SSUE, Apt. 8, etc. Solida Apt. 8, etc.		ace of Business	├	Mailing Address					4. FEI Number			Applied For	
City & State	21								65-0519852			Not Applicable	
28	22		27	1									
Country Zp So So So So So So So S	City & Stati	0	— ı	Dity & State									
9. Name and Address of Current Registered Agent PIROZZI, ROBERT 1999 N FEDERAL HWY BOCA RATON FL 33432 82 Street Address (P.O. Box Number is Not Acceptable) 83 Lity 84 City 84 City 85 Lity 86 Lity 87 Lity 87 Lity 88 Lity 89 Li		}	— n	Z ip	— ´								
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PIROZZI, ROBERT 1999 N FEDERAL HWY BOCA RATON FL 33432 84 City FL 85 Zip Code 11. Parameter to the provisions of Sectors 607.0502 and 607.1506, Fonds Statutes, the above named corporation submits this statement for the purpose of changing ats registered agent, or both, in the State of Florids Study change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, in the State of Florids Study change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am family a with, and accept the objection 607.0506, Florids Study. SIGNATURE SIGNATURE SIGNATURE 12. OF FICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 14. I THIF 17. I THIF 17. I THIF 10. I THIF	=					81	Nar	ne	IU. Harne and Address of New H	edistated b	gent		
1999 N FEDERAL HWY BOCA RATON FL 33432 11. Presented to the precisions of Sections 607 0500° and 607 1508. Florida Statutes. The above named corporation submits this statement for the purpose of changing let registered agent. I am registered agent of both in the State of Florida Subtice teaning was authorized by the corporation is beard of directors. Thereby accept the appointment as registered agent. I am re	PIRO77	I ROBERT											
BOCA RATON FL 33432 11. Parsonint to the provisions of Sections 607.0506 Floridal Such change was authorized, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Floridal Such change was authorized by the corporation's board of directors. I hereby accept the epipolinment as registered agent, I am such a coupling the supplementation and accept the obligations of, Section 607.0506, Floridal Statutes. SIGNATURE: SIGNATURE: SIGNATURE: 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. PB TRIPLEZ, ROBERT 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. PB TRIPLEZ, ROBERT 12. AMA 12. AMA 12. AMA 12. AMA 12. AMA 13. SIGNATURE: 12. AMA 13. SIGNATURE: 14. ACITY ST. 7P 15. DO DELETE 13. THE CHANGES 14. ACITY ST. 7P 15. ACITY ST. 7P 16. ACITY ST. 7						82	Stre	et Addre	ss (P.O. Box Number is Not Acceptab	ie)			
11. Pursaint to the provisions of Sections 607.05.02 and 607.15.08. Fonds 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 Florids. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered office familiar with, and accept the obligations of Section 607.05.05. Florids statutes. SIGNATURE 12. OFFICEFIS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 14. THE ADDRESS TO PRICE TO PRI						83							
SIGNATURE Committee of the content of the content of						84	City	,		EI	85	Zip Code	
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PIRO 221	12.		DIRECT		1	3.			ADDITIONS/CHANGES TO OFF	CERS AND	DIREC	TORS IN 12	
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NAME					2	4 CITY - S	T-ZIP						
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certly that the information indicated on this annual report or supplemental annual report or 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, of in an attrictment with an address.

SIGNATURE

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(407) 367-7666