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PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Søndra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000079822 (0)

Principal Plac	OTA BAGEL COMPAN	Mailing Addres	s						
4065 S TAMIANI TRAIL BARASOTA FL 34231 US		SARASOTA FL	4085 S TAMIANI TRAIL SARASOTA FL 34231 US			DO NOT WRITE IN THIS SPACE			
00		03			3. Date Incorporate	d or Qualified			
					10/28/1994				
2. Principal P	face of Business	2n. Mailing Add	Iress		4. FEI Number		L	Applied For	
<u> </u>		26			65-0536850)		Not Applicab	
Suite, Apt.	#, e 1c.	Suite, Apt. 6	, etc.		5. Certificate of Stat	tus Desired	1 1 7	5 Additional	
City & Stat		Crty & State			2 5 1 1 2	PTI.		e Required	
3]	•	28			 Election Campaig Trust Fund Contri 			00 May Bø led to Fees	
Zip	Country	Zip	Country		8. This corporation				
ا ا	25	29	30		Personal Property	Y Tax due June :	30. 🔲 Yes	□ No	
	9. Name and Address of 6	Current Registered Agent			10. Name and Addr	ess of New Reg	latered Agent		
LIB	MAN, MARTIN H		81	Name M	artin 5.	Gluck	lich		
242	PROBIN DRIVE		82		s (P.O. Box Number is	s Not Acceptable	e)	.1	
SAI	rasota fl 34236			4	265 50.7	amia	mi Tra	111	
			83						
			84	City	٠, , , , , , ,		85	Zip Code 3423/	
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office or r	to the provisions of Sections by	U7.USG and OLA 1508, Flori	ioa sialules, ine above	rnamed corbo	ation submits this stat	ement for the pu	urpose or change tithe ennointmen	ng its registere t as registered	
VIIIUG OF	egistereo <u>agent, or pour, in me</u>	Start of Horida, Suchigna	nge was authorized by	the corporatio	n's board of directors.	Tribuony accept	t the appointment		
agent. I a	to the provisions of Sections 60 egistered agent, or both, in the milanimar with, and secent the	Start of Florida, Such dha Bitualigns of Section 607	nge was authorized by 2.0505, Florida Statutes.	the corporatio	n's board of directors.	A THERODY ACCEPT	1-27-0		
_			` <u> </u>			4	1-27-9	8	
SIGNATURE	Signature, typed or printed name of regist		nge was authorized by .0505, Florida Statutes. (NOTE Registered Ager		when reinstating)		DATE DATE	<u> </u>	
GIGNATURE	Signature, typed or printed name of regist	rered as in and I of act Ledin RS AND DIRECTORS	(NOTE Registered Ager	nt eignature required	when reinstating) ADDITIONS/CHAN	IGES TO OFFICE	DATE ERS AND DUREC	TORS IN 12	
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Secretary of State