

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

FILED

May 07 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # **P94000079822 (0)**

1. Corporation Name

**SARASOTA BAGEL COMPANY, INC.**

Principal Place of Business

**4065 S TAMiami TRAIL  
SARASOTA FL 34231  
US**

Mailing Address

**4065 S TAMiami TRAIL  
SARASOTA FL 34231  
US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>10/28/1994</b>	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>65-0536850</b>	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23	Zip	28	City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
LIBMAN, MARTIN H 242 ROBIN DRIVE SARASOTA FL 34238				81 Name <b>Martin S. Glucklich</b>	
				82 Street Address (P.O. Box Number is Not Acceptable) <b>4065 So. Tamiami Trail</b>	
				83	
				84 City <b>Sarasota</b> FL 85 Zip Code <b>34231</b>	

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 their address

(NOTE: Registered Agent signature required when reappointing)

DATE

**4-27-98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	1.1 TITLE	President
NAME	LIBMAN, MARTIN H	1.2 NAME	Glucklich, Martin S.
STREET ADDRESS	242 ROBIN DRIVE	1.3 STREET ADDRESS	4065 So. Tamiami Tr.
CITY-ST-ZIP	SARASOTA FL 34238	1.4 CITY-ST-ZIP	Sarasota, FL 34231
TITLE	VPSD	2.1 TITLE	VPSD
NAME	GLUCKLICH, MARTIN S	2.2 NAME	Glucklich, Martin S.
STREET ADDRESS	242 ROBIN DRIVE	2.3 STREET ADDRESS	4065 So. Tamiami Trail
CITY-ST-ZIP	SARASOTA FL 34238	2.4 CITY-ST-ZIP	Sarasota, FL 34231
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0450071

CR2E034 (10/97)