

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P94000088327 (9)**

1. Corporation Name

SANDALFOOT BAGEL RESTAURANT, INC.



Principal Place of Business

Mailing Address

23064 SANDALFOOT PLAZA DRIVE
BOCA RATON FL 33428

23064 SANDALFOOT PLAZA DRIVE
BOCA RATON FL 33428

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22

27 City & State

23

24 Zip Country

29 Zip Country

24

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CORPORATION INFORMATION SERVICES INC.
1201 HAYS ST.
TALLAHASSEE FL 32301**

81 Name **Ronald Snyder**
82 Street Address (P.O. Box Numbers Not Acceptable)
306 N.W. 49TH COURT
83
84 City **Pompano Beach** FL 85 Zip Code **33064**

11. Pursuant to the provisions of Sections 607.0532 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 607.005, Florida Statutes.

SIGNATURE

Ronald L Snyder

2/1/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input type="checkbox"/> DELETE
NAME	SNYDER, RONALD	
STREET ADDRESS	306 N.W. 49TH COURT	
CITY-STATE-ZIP	POMPANO BEACH FL 33064	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	SNYDER, THERESA M	
STREET ADDRESS	306 N.W. 49TH COURT	
CITY-STATE-ZIP	POMPANO BEACH FL 33064	
TITLE	V	<input type="checkbox"/> DELETE
NAME	SNYDER, JAMES K	
STREET ADDRESS	1631 N.E. 33RD ST.	
CITY-STATE-ZIP	POMPANO BEACH FL 33064	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-STATE-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-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 119.07(3)(k), 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:

Ronald L Snyder

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/96

407 852-0820

Date

Business Phone #

CR2E034 (12/95)