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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000010321

STOLA'S BAGEL COMPANY

Principal Place of Business	Mailing Address
9810 ALT A1A	9810 ALT A1A
STE 102	STE 102
PALM BEACH GARDENS FL 33410	PALM BEACH GARDENS FL 33410
US	US

FILED Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90210 007 ***150.00



Principal Place of Business Mailing Address			I IDONASA KID IDIDI DAKKI SABIKI DAKIL BADA KIBAN DAKAN DAKAN KIBAN DAKAN KIBAN KIBA			
9810 ALT A1A 9810 ALT A1A						
STE 102 STE 102			0440		DO NOT WRITE IN THIS SPACE	
PALM BEACH GARDENS FL 33410 PALM BEACH GARDENS FL 3341 US US			13410		3. Date Incorporated or Qualified 02/07/1995	
2. Principal Pi	ace of Business	2a. Mailing Address			4. FEI Number Applied For	
21 26				65-0553579 Not Applic		
Suite, Apt. #, etc. Suite, Apt. #, etc. 27					5. Certifcate of Status Desired \$8.75 Additional Fee Required	
City & State City & State					6. Election Campaign Financing \$5.00 May Be	
23 28					Trust Fund Contribution Added to Fees	
Zip	Country	Zip	Country	1	8. This corporation owes the current year Intangible Personal Property Tax.	
24	[25]	29 36	<u> </u>		Personal Property Tax.	
	9. Name and Address of Current	Registered Agent	81	Name		
STO	la, fran k		Ľ.			
l .	ALT A1A		82	82 Street Address (P.O. Box Number is Not Acceptable)		
STE			83			
	M BEACH GARDENS FL 33410		00			
			84	'	FL j	
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	the abov	e-name	ed corporation submits this statement for the purpose of changing its registered or	
office or r agent. I a	egistered agent, or both, in the State o m familiar with, and accept the obligat	ons of, Section 607.0505, Florid	a Statutes	ine cur i.	orporation's board of directors. Thereby accept the appointment as regionals	
SIGNATURE	, ,					
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Re		nt signatur	ure required when reinstating) DATE	
12.	OFFICERS ANI		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D/P	☐ DELETE	1.1 TITLE		☐ Change 🔼 Addition	
NAME	STOLA, FRANK R		1.2 NAME		SHARON + STOLA 9810 ACT AIA SUITE 102	
STREET ADDRESS	00.0.00		1.3 STREE	TADDRES	SS 4610 HC1 414 50112 1129	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33		1.4 CITY-S	T-ZIP	Palm Bch Gds FL 33410	
TITLE		☐ DELETE	2.1 TITLE		☐ Change ☐ Addition	
NAME.			2.2 NAME			
STREET ADDRESS			2.3 STREE	TADDRES	ess	
CITY-ST-ZIP			2.4 CITY-	ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		- Change Addition	
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREE	TADDRES	ess	
CITY-ST-ZIP			3.4. CITY-	ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		Change Addition	
NAME			4. 2 NAME		·	
STREET ADDRESS			4.3 STREE	TADDRES	ESS	
CITY-ST-ZIP			4.4 CITY-5	T-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition	
NAME			5.2 NAME		· .	
STREET ADDRESS			5.3 STREE	TADDRES	ESS	
CITY-ST-ZIP			5.4 CITY-5	T-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition	
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREE	TADDRES	ESS	
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CITY-ST-ZIP 14. I hereby certify that the information cupplied 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 of 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 chapter 607, and attachment with an address, with all other like empowered.

SIGNATURE: