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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
Division of Corporations

1996

DOCUMENT #
1. Corporation Name

P95000026743 (1)

BAGELS BY STAR, INC.

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Principal Place	of Business	М	Mailing Address				1 36 10 10 10 10 10 10 10 10 10 10 10 10 10	Silli Bani Bank	60H1 80H6 II	118 BILLI 18811	E1888 1911 4881		
5195-D WEST ATLANTIC AVE. DELRAY BEACH FL 33484			5195-D WEST ATLANTIC AVE. DELRAY BEACH FL 33484										
							3. Date incorporated 04/04/1995	or Qualified	3a. Date	of Last Re	eport		
2. Principal Pla	ce of Business	<u></u> ⊢,	Mailing Address				4. FEI Number	-na1/0		ļ	Applied For		
11		26					φ_{2}, φ_{3}	18/63		<u></u>	Not Applicable		
Suite, Apt. #, etc.			Suite, Apt. #, etc.				5. Certificate of Statu			Fee Hequired			
City & State			City & State 28				6. Election Campaign Trust Fund Contrib	_		· · · · ·	0 May Be d to Fees		
Zip	Country	201	Zip	С	auntry		8. This corporation ha	is liability for	intangible ta				
24	25	29	} ₁		30		Florida Statutes Yes No						
. -	9. Name and Address of Currer	ıt Regi	stered Agent				10. Name and Addre	ss of New F	legistered	Agent	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
					81	Name							
 GOLDMA 	AN, PHILLIP				82	Street Address (P.O. Box Number is Not Acceptable)							
5195-D WEST ATLANTIC AVE.													
DELRAY	BEACH FL 33484				83								
•					84	City			FL	85 Zq	p Code		
44 0	o the provisions of Sections 607,0500	Land C	N7 1500 Floorly Phot	Litas N. s.		n versed everse	scation enhante this etatoma	nt for the pu		anging ite i	registered office		
or registere	ad agen# or both, in the Statefol Flori	da Sug	h change was autho	rized by th	ie corb	oration's boa	ard of directors. I hereby ac	cept the app	icintment as	registered	l agent. I am		
 familiar with 	h, and faciliti the obligations of, Sect	tion 607	.0505, Florida Statut	les o		111	C	./	24-9	6			
SIGNATURE _	I William In	Lar. Ditari	PHILLIP	0091		r i sonat ne recur	ed when remarkation	9-	J-1 -7	O			
12.	OFFICERS AN	D DIRE	CTORS	1	3.		ADDITIONS/CHAN	GES TO OFF	ICERS AND	DIRECTO	DRS IN 12		
TITLE	D		☐ DELETE	1	1 TITLE				. [Change	☐ Addition		
NAME	GOLDMAN, PHILLIP			1	2 NAME								
STREET ADDRESS	5195-D WEST ATLANTIC AV	E.		1	a STREET	LADDRESS							
City - ST - ZiP	DELRAY BEACH FL 33484			1	4 OITY - S	ST - 71P							
THE	D		DEVELE	5	1 DILE					Change	☐ Addition		
NAME	GOLDMAN, SCOTT			2	2 NAME								
STREET ADDRESS	5195-D WEST ATLANTIC AV	E.		2	3 S'REF	I ADDRESS							
CITY-ST-ZIP	DELRAY BEACH FL 33484			2	4 CITY :	\$1 - Z)P							
THLE			DELETE	3	1 TITLE		1			Change	Addition		
NAME					2 NAME								
STREET ADDRESS				3	3 STREE	:LADDRESS							
CITY - ST - ZIP		·	CO DOLLE		4 CiTY - 3					Change	f Addition		
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NAME				1	2 NAME	- 1							
STREET ADDRESS						1 ADDRESS							
CHY-S1-ZIP TITLE			DELETE		4 CHY-		~~~~	010	CC: :CX (CX)	The Strawage	Addition		
NAME					2 NAME		3000 -06/17/	LP 1. (⊃) 'GC011	0470	04 04			
STREET ADDRESS						LADORESS	***200.	00 00	UTI U	07			
CITY-ST-ZIP	Į.				4 CITY		www.com.	Ç.					
TITLE			DELETE		1 TiTLE					☐ Change	Addition		
NAME			-	6	2 NAME								
STREET ADDRESS				6	3 STREE	1 ADDRESS	40	_	01		a		
CHTY+ST-ZIP				- 6	4 CITY	\$1-7.P	US	-01	-46	OX	<i>r</i>		
14. I do hereb certify that oath; that	by certify that the information supplied t the information indicate from this and I am an officer or directly of the corp in Block 12 or Block 17 in charged, or	with the representation	is filing is volunitarily fort or supplemental a or the regioner or tru	furnished a annual repo istee empo	ind doe ort is tr wered	es not qualify rue and accu to execute t	for the exemption stated in rate and that my signature this report as required by Cl	Section 119 shall have the napter 607, f	9.07(3)(k), Fl e same lega florida Statu	orida Statu Leffect as ites; and th	ites. I further if made under nat my name		
appears in	TBIOCK 12 OF BIOSK TYPE CHANGED, OF	yn an a	maching it with an ac	iciciress					- 0	ハフ			

SIGNATURE:

AND SEC 1-14-96 4964822

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR