

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P95000032870 (4)

1. Corporation Name

BAGELS PLUS, INC.



Principal Place of Business

Mailing Address

2645 N ATLANTIC AVE  
DAYTONA BEACH FL 32118

2645 N ATLANTIC AVE  
DAYTONA BEACH FL 32118

3. Date Incorporated or Qualified

04/24/1995

3a. Date of Last Report

2. Principal Place of Business

21 2645 N Atlantic Ave.

2a. Mailing Address

26 444 Seabreeze Blvd.

4. FEI Number

59 331 5385

Applied For

Not Applicable

Suite, Apt. #, etc.

22 DAYTONA BEACH, FL

Suite, Apt. #, etc.

27 Suite 800

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

City & State

23 32118 Volusia

City & State

28 DAYTONA BCH, FL

6. Election Campaign Financing

☐

\$5.00 May Be

Added to Fees

Zip

Country

24

25

Zip

29 32118

Country

30 USA

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

KAZNOCHA, EILEEN M  
20 CLEARVIEW CT S  
PALM COAST FL 32137

10. Name and Address of New Registered Agent

81 Name LAWRENCE G. WALTERS

82 Street 444 Seabreeze Blvd.

83 Suite 800

84 City DAYTONA BEACH

FL

85

32118

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 607.0506, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and the filer, if applicable.

(NOTE: Registered Agent signature required when reappointing.)

4.8.96

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME DST  
STREET ADDRESS KAZNOCHA, EILEEN M  
CITY-ST-ZIP 20 CLEARVIEW CT S  
PALM COAST FL 32137

TITLE ☒ DELETE

NAME DP  
STREET ADDRESS FATIZZI, FRANK V  
CITY-ST-ZIP 28A BRODMORE LN  
PALM COAST FL 32137

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P ☒ Change ☐ Addition

12 NAME EILEEN KAZNOCHA  
13 STREET ADDRESS 4 Comet Ct  
14 CITY-ST-ZIP Palm Coast, FL 32137

2.1 TITLE VP ☐ Change ☒ Addition

22 NAME JESSICA KAZNOCHA  
23 STREET ADDRESS 4 Comet Ct  
24 CITY-ST-ZIP Palm Coast, FL 32137

3.1 TITLE T ☐ Change ☒ Addition

32 NAME RON KAZNOCHA  
33 STREET ADDRESS 4 Comet Ct  
34 CITY-ST-ZIP Palm Coast, FL 32137

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-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: Eileen Kaznocha (P) March 20, 1996 (904) 672-2435

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (12/95)