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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000039112

Principal Place of Business

BAGELS, BREADS AND MORE INC.

755-8 8TH COL VERO BEACH I		755-8 8TH COURT VERO BEACH FL 32962						
US		US			DO NOT WRITE IN THIS	SPACE		
					3. Date Incorporated or Qualifed 05/16/1995			
2 Principal P	lace of Business	2a. Mailing Address			4. FEI Number		Applied For	
21 26					59-3314492	- 1	Not Applicable	
Suite, Apt. #, etc. 22 City & State City & State 28 Suite, Apt. #, etc. City & State 28					5. Certifcate of Status Desired			
					6. Election Campaign Financing Trust Fund Contribution		0 May Be d to Fees	
Zip 24	Country	Zip C	_		8. This corporation owes the current year Intangible Personal Property Tax. Yes			
	g. Name and Address of Curi	<u></u>	\neg		10. Name and Address of New Registered	Agent		
	,		81	Name				
SAMMARTANO, YVES V 4802 EAGLE DRIVE				82 Street Address (P.O. Box Number is Not Acceptable)				
	T PIERCE FL 34951		83					
			84	City		85 Z	ip Code	
			1		oration submits this statement for the purpose of			
agent. I a SIGNATURE	im familiar with, and accept the obling familiar with, and accept the obling familiar with a signature, typed or printed name of registered and accept the obline familiar with a signature, typed or printed name of registered and accept the obline familiar with, and accept the obline familiar with a signature w	igations of, Section 607.0505, Florida S agent and title if applicable. (NOTE: Registe			ad when reinstalling) DATE			
12.		AND DIRECTORS 1	3.		ADDITIONS/CHANGES TO OFFICERS AN	D DIREC	TORS IN 12	
TITLE	PD	☐ DELETE 1.	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS			Chang		
NAME	SAMMARTANO, YVES V	13						
STREET ADDRESS	4802 EAGLE DRIVE	13						
CITY-ST-ZIP	FT PIERCE FL 34951 1.40		CITY-S	T-ZIP				
TITLE		☐ DELETE 2.	TITLE		•	☐ Chang	ge 🔲 Addition	
NAME		2.	NAME					
STREET ADDRESS		2.	STREE	T ADDRESS				
CITY-ST-ZIP "		2.41		T-ZIP				
TITLE		☐ DELETE 3.	ITITLE	l		Chang	ge Addition	
NAME	i '	3.	NAME					
STREET ADDRESS	ļ	3.	STREE	F ADDRESS				
CITY-ST-ZIP			LCITY-S	IT-ZIP				
TITLE		☐ DELETE 4.	4.1 TITLE			Chang	ge Addition	
NAME		4.	2 NAME					
STREET ADDRESS		4.	STREE	TADDRESS		*		
CITY-ST-ZIP			4.4 CITY-ST-ZIP			Гісь	Addista	
TITLE		· ·	TITLE			Chan	ge Addition	
NAME	,		NAME		•	•	•	
STREET ADDRESS				ADDRESS	•			
CTTY-ST-ZIP			CITY-S	T-ZIP		☐ Chan	ge Addition	
TITLE	1	DELETE 6.	IIILE	1				
NAME		I ^	DIAME					
TANKE			NAME	T ADDRESS				

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 of 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

FILED Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90199 022 ***150.00