

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000044069 (9)

1. Corporation Name

BAGELS GALORE, INC.



Principal Place of Business

Mailing Address

1800 S AUSTRALIAN AVE
SUITE 205
WEST PALM BEACH FL 33409

1800 S AUSTRALIAN AVE
SUITE 205
WEST PALM BEACH FL 33409

3. Date Incorporated or Qualified
06/07/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 500 S. AUSTRALIAN AVE

26 500 S. AUSTRALIAN AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SUITE 120

27 SUITE 120

City & State

City & State

23 WEST PALM BEACH

28 WEST PALM BEACH

Zip

Zip

24 FL 33409

Country

25 FL 33409

Country

29 FL 33409

Country

30 FL 33409

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

PRESIDENT, DIRECTOR
JEAN MARGARET STANLEY
12628 SARABINE DRIVE # 99
WEST PALM BEACH FL 33414

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

SECRETARY, TREASURER
NICOLAS PICIANO
409 WILSON BLVD
GREENACRES COV, A 33463

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

000001802030
-04/30/96--01108--036

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

***200.00 ☐ Change ☐ Addition
4-30-96

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:

JEAN MARGARET STANLEY

Date

Daytime Phone #

CR2E034 (12/95)