

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

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PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000048921 (7)**

1. Corporation Name

ST. PETE BAGEL CO., INC.

FILED
97 JUL 23 AM 8:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

**3244 44TH AVE. N.
ST. PETERSBURG FL 33714**

Mailing Address

**3244 44TH AVE. N.
ST. PETERSBURG FL 33714**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/22/1995		3a. Date of Last Report 05/01/1996	
21		26		4. FEI Number 59-3270832		Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			
23		28					
Zip	Country	Zip	Country				
24		29					

9. Name and Address of Current Registered Agent

**CUCCARO, KURT
7043 4TH STREET NORTH
ST. PETERSBURG FL 33702**

10. Name and Address of New Registered Agent

81 Name **CUCCARO, KURT**
82 Street Address (P.O. Box Number is Not Acceptable)
83 **3244-44TH AVE N**
84 City **ST. PETERSBURG** FL 85 Zip Code **33714**

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

Kurt Cuccaro **KURT CUCCARO PRESIDENT** **7/8/97**

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

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CUCCARO, KURT	1.2 NAME	CUCCARO, KURT
STREET ADDRESS	7043 4TH STREET NORTH	1.3 STREET ADDRESS	3244-44TH AVE N
CITY-ST-ZIP	ST. PETERSBURG FL 33702	1.4 CITY-ST-ZIP	ST. PETERSBURG FL 33714
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CUCCARO, MARY	2.2 NAME	CUCCARO, MARY
STREET ADDRESS	7043 4TH STREET NORTH	2.3 STREET ADDRESS	3244-44TH AVE N.
CITY-ST-ZIP	ST. PETERSBURG FL 33702	2.4 CITY-ST-ZIP	ST. PETERSBURG FL 33714
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	000002253000-013
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 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

Kurt Cuccaro **KURT CUCCARO PRESIDENT** **7/8/97**

CR2E034 (4/97)

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**ST PETE
BAGEL CO.**
**LOCATIONS THROUGHOUT
TAMPA BAY
(813) 528-4808**

July 18th 1997

**Florida Department of State
Division of Corporations
Reinstatement Department
PO Box 6327
Tallahassee, Florida 32314**

**RE: Corporate renewal Document #P95000048921
Corporate Name - St. Pete Bagel Co., Inc.**

Examiner,

With reference to the above, Please accept payment (\$165.00) for the attached Corporate renewal. We never received the first renewal notice as we expected.

Thanking you in advance for your prompt attention in this matter.

Sincerely,



**Steve Boissiere
Controller/Treasurer**