

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P95000052525 (9)**

1. Corporation Name:

BAGEL BOYS OF ORLANDO, INC.



Principal Place of Business

**201 E PINE ST
SUITE 1200
ORLANDO FL 32801**

Mailing Address

**201 E PINE ST
SUITE 1200
ORLANDO FL 32801**

3. Date Incorporated or Qualified
07/07/1995

3a. Date of Last Report

4. FEI Number
59-3326499

Applied For
☐ Not Applicable

2. Principal Place of Business

21 **7550 UNIVERSITY BLVD.**

2a. Mailing Address

26 **POST OFFICE BOX 1059**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

23 **WINTER PARK, FLORIDA**

27 City & State

28 **ORLANDO, FLORIDA**

24 Zip **32792** 25 Country **ORANGE**

29 Zip **32802** 30 Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

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

9. Name and Address of Current Registered Agent

**NOVELL, N. SCOTT
201 E PINE ST
SUITE 1200
ORLANDO FL 32801**

10. Name and Address of New Registered Agent

81 Name

ANDREW L. REIFF, P. A.

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

135 W. Central Blvd. Southtrust Bk. Bldg.

83

Ste. 1000 (10th Fl)

84 City

ORLANDO

FL

85 Zip Code
32801

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, if applicable

(NOTE: Registered Agent signature required when reinstating)

3/15/96

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

**ANTER, MARK J
310 WILLIAMS ST
GREENVILLE NC 27858**

TITLE ☐ DELETE

**DST
HINDES, DAVID R
215 TORREY PINES
CARY NC 27513**

TITLE ☐ DELETE

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

TITLE ☐ DELETE

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

TITLE ☐ DELETE

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

TITLE ☐ DELETE

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

PRESIDENT

☐ Change ☒ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

**600001796836
-04/26/96--01093--020
***200.00**

**4.26.96
JR**

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:

Mark J. Anter President

3/15/96

919-355-5535

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)