

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

2. Principal Place of Business: **21 7550 UNIVERSITY BLVD.**
Suite, Apt. #, etc.

2a. Mailing Address: **26 POST OFFICE BOX 1059**
Suite, Apt. #, etc.

4. FEI Number: **59-3326499** Applied For: Not Applicable

23. City & State: **WINTER PARK, FLORIDA**

28. City & State: **ORLANDO, FLORIDA**

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Election Campaign Financing: **\$5.00 May Be Added to Fees**

24. Zip: **32792** 25. Country: **ORANGE**

29. Zip: **32802** 30. Country:

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

g. 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** 85 Zip Code: **FL 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]* (NOTE: Registered Agent signature required when reinstating) 3/15/96

12. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> DELETE
NAME	ANTER, MARK J
STREET ADDRESS	310 WILLIAMS ST
CITY-ST-ZIP	GREENVILLE NC 27858
TITLE	DST <input type="checkbox"/> DELETE
NAME	HINDES, DAVID R
STREET ADDRESS	215 TORREY PINES
CITY-ST-ZIP	CARY NC 27513
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	600001796836
4.4 CITY-ST-ZIP	-04/26/96--01093--020
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	***200.00
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

[Handwritten: 26, 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: *[Signature]* President 3/15/96 919-355-5535

CR2E034 (12/95)