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

PROFIT CORPORATION ANNUAL REPORT

1998

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000060963 (2)

I OOIPOIAGE	ALL LAGITIC	•	,			
MARTA	R, INC.					E LECKTORY DE FEMALES AND RELIEF CON CONTRACTORY OF THE CONTRACTORY OF
Principal Plac	e of Business	Mailing Address	Mailing Address			
C/O THE BAGEL FACTORY C/O THE BAGEL FACTORY			ידים איני			
8841 COLLEGE PKWY #108 8841 COLLEGE PK						
FT MYERS FL 33919		FT MYERS FL 33919	FT MYERS FL 33919			DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualified 08/08/1995
2. Principal Place of Business 2a. Mailing Address						4. FEI Number Applied For
21 26						65-0608183 Not Applicable
Suite, Apt.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired See Required Fee Required	
City & State City & State						6. Election Campaign Financing \$5.00 May Be
23		28				Trust Fund Contribution
Zip	Country	Zip		Country		8. This corporation owes or has paid the current year Intangible
24	25	29	30	<u> </u>		Personal Property Tax due June 30. 🗹 Yes 🔲 No
	9. Name and Address of Cu	rrent Registered Agent		-		10. Name and Address of New Registered Agent
MARK J. LUKASKI LUKASIK				81	Name	, ·
8841 COLLEGE PARKWAY #108			82	Street A	Address (P.O. Box Number is Not Acceptable)	
FT. MYERS FL 33919			83			
				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 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 registagent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.						corporation submits this statement for the purpose of changing its registered oration's board of directors. I hereby accept the appointment as registered
SIGNATURE						
Signature, typed or printed name of registered agent and title if applicable (NOTE: Re				gistered Age	nt signature r	required when reinstating) DATE
12. OFFICERS AND DIRECTORS			13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	E 1.1 TITLE		1	Change Addition
NAME	LUKASIK, MARK J			1.2 NAME	i	
STREET ADDRESS			1.3 STREET	ADDRESS		
CITY-ST-ZIP	 		1.4 CITY-ST-ZIP			
TITLE			2.1 TITLE		Change Addition	
NAME			2.2 NAME			
STREET ADDRESS	• • • • • • • • • • • • • • • • • • • •		2.3 STREET ADDRESS			
CITY-ST-ZIP			2. 4 CITY-S	T-ZIP	☐ Change ☐ Addition	
TITLE			3.1 TITLE			
NAME	- · · ·		3.2 NAME 3.3 STREET ADDRESS			
1						
CITY-ST-ZIP	<u> </u>	PETER	4	3.4. CITY-S	T-ZIP	Change Addition
TITLE		☐ DELETE		4.1 TITLE	1	Change Addition

CITY-ST-ZIP

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 and user 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 professor by 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 ordan a factorism with an address.

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

63 STREET ADDRESS

5.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

DELETE

MARK J. LUKASIK

941-433-2245

Change

Change

Addition

Addition

FILED

Feb 23 1998 8:00am

Secretary of State

CR2E034 (10/97)