

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 31, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO RE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF REVENUE
Sandra B. Morth
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000067460 (2)

1. Corporation Name

ARROWHEAD BAGEL, INC.



Principal Place of Business
2451 SO. UNIVERSITY DRIVE
DAVIE FL 33324

Mailing Address
2451 SO. UNIVERSITY DRIVE
DAVIE FL 33324

3. Date Incorporated or Qualified	3a. Date of Last Report
08/29/1995	
4. FEI Number	Applied For
65-0613048	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc	26 Suite, Apt. #, etc
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country

9. Name and Address of Current Registered Agent

SCHWARTZBERG, GARY
2451 SO. UNIVERSITY DRIVE
DAVIE FL 33324

10. Name and Address of New Registered Agent

Name

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

City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the undersigned, who is an officer or director of the corporation, hereby certifies that the information furnished in this 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 assignee of the corporation, and I accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

Signature (Type or printed name of registered agent and title if applicable)

(Print Name)

Signature (Type or printed name of registered agent and title if applicable)

(Print Name)

12. OFFICERS AND DIRECTORS

TITLE	PSTD	<input type="checkbox"/> DELETE
NAME	SCHWARTZBERG, GARY	
STREET ADDRESS	2451 SO. UNIVERSITY DRIVE	
CITY-ST-ZIP	DAVIE FL 33324	
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		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

111	<input type="checkbox"/> Change <input type="checkbox"/> Addition
121	
131 ADDRESS	
141 ZIP	
211	<input type="checkbox"/> Change <input type="checkbox"/> Addition
221	
231 ADDRESS	
241 ZIP	
311	<input type="checkbox"/> Change <input type="checkbox"/> Addition
321	
331 ADDRESS	
341 ZIP	
411	<input type="checkbox"/> Change <input type="checkbox"/> Addition
421	
431 ADDRESS	
441 ZIP	
511	<input type="checkbox"/> Change <input type="checkbox"/> Addition
521	
531 ADDRESS	
541 ZIP	
611	<input type="checkbox"/> Change <input type="checkbox"/> Addition
621	
631 ADDRESS	
641 ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 assignee of the corporation, and I accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GARY SCHWARTZBERG PRES. 6-10-96 954 472-1995

CR2E034 (3/96)