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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #

1. Corporation Name P95000080687 (3)

BAGEL BARN FRANCHISE CORPORATION

Principal Place of Business		Mailing Address			r newcones one seven meint denny denny denny ednin ednin ednin elilot (fill) (del (fill)		
1405 SUNSET DRIVE CORAL GABLES FL 33143		1405 SUNSET DRIVE CORAL GABLES FL 33143					
					 Date Incorporated or Qualified 10/20/1995 	3a. Date of Last Report	
Principal Place of Business 21		2a. Ma·ling Address 26		4. FEI Number 65-0624291	Applied For Not Applicable		
Suite, Apt #, etc		Suite, Apt #, etc. 27		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
Crty & State		Oity & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Z(p 24	Country 25	Zip 29	Country 30		This corporation has liability for in Florida Statutes	ntangible tax under s. 199.032. Yes	
	Name and Address of Current	ent Registered Agent			10. Name and Address of New Reg	jistered Agent	
DA.	IVIS, MARC		81	Name			
1405 SUNSET DRIVE			82	Street Ad	dress (P.O. Box Number is Not Acceptable)		
CC	ORAL GABLES FL 33143		83				
			84	City		FL 85 Zip Code	
office or re	lo the provisions of Sections 607.05 egistered agent, or both, in the Stat m familiar with, and accept the obl	é of Florida. Such change was	authorized by	the corpora	rporation submits this statement for the paration's board of directors. I hereby accept	rpose of changing its registered the appointment as registered	
SIGNATURE	Signature Type flor printed has continequatering a	jent and the Tapplicable (Δ.	OTe. Progratered Ag	unit signat ine zer	pared when reinstating)	DAIL	
12.	OFFICERS A	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12	
TITLE	D	DELETE	1 1 TITLE			Change Addition	
NAME	DAVIS, MARC		1.2 NAME			•	
STREET ADDRESS	1405 SUNSET DRIVE		13STREE	I ADDRESS			
CITY - ST - ZIP	CORAL GABLES FL 33143		14 CITY -	ST - ZIP			
TITLE		DELETE	2 1 TITLE	-		Change Addition	
NAME			2.2 NAME	1			
STREET ADDRESS			2.3 STREE	FADDRESS			
CITY - ST - ZIP	·····		2 4 City	\$1-Z:P			
TITLE	-		3 1 TiTLE			Change Addition	
NAME			3.2 NAMÉ				
STREET ADDRESS				FADDRESS		,	
CITY-ST-ZIP		DOLETO	34 CITY-	ST - ZIP			
TITLE		DELETE	4.1 THE			Change Addition	
NAME			4 2 NAME				
STREET ADDRESS				ADDRESS			
CITY - ST - ZIP TITLE		DELETE	4 4 CITY - 5 1 THILE	51 - ZIP		Change Addition	
NAME			5 2 NAME			- Change - Addition	
STREET ADDRESS				LADDOCCC			
City-St-Zip				ADDRESS			
TITLE		DELETE	5 4 CITY - 6 1 TITLE	ar-AP		Change Addition	
NAME		Section	6.2 NAME				

6.3 STREET ADDRESS

64 CITY-SF ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

Many

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 eath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address. 7/25/96 (305)463-9244