SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

Mailing Address

26

27

28

29

Zip

4406 SUNSET DRIVE -

CORAL GABLES FL-33143

Suite, Apt. #, etc.

City & State

11850 S.W. 94 St.

Miami, FL 33/86
2a. Mailing Address

PR**OF**IT CORPORATION ANNUAL **R**EPORT

1998

Principal Place of Business

11850 5, W. 94 St.

2. Principal Place of Business

DAVIS, MARC

FL 33/86

1405 SUNSET DRIVE-

Miami

21

22

23

24

Zip

CORAL CABLES FL 60143

Suite, Apt. #, etc.

City & State



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000080687 (3)

BAGEL BARN FRANCHISE CORPORATION

Country

9. Name and Address of Current Registered Agent

		SPACE	<u> </u>
 Date Incorporated or Qualified 10/20/1995 			
4. FEI Number			Applied For
65-0624294			Not Applicable
5. Certificate of Status Desired			75 Additional e Required
6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
 This corporation owes or has personal Property Tax due Jui 		rent yea Yes	r Intangible
0. Name and Address of New F	Registered	Agent	
(P.O. Box Number is Not Accepta	able)	 · ·	
		85	Zip Code

FILED

Oct 07 1998 8:00am

Secretary of State

	ALGABLES FL-83143 Migmi, FL 33/80	84 City	Address (P.O. Box Number is Not Acceptable) FL 85 Zip Code		
 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 					
		OTE: Registered Agent signatu			
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D DELETE	1.1 TITLE	Change Addition		
NAME	DAVIS, MARC - 1405-BUNISET DRIVE 11850 S.W.94 St.	1.2 NAME			
STREET ADDRESS	OBSERVATION TO THE STATE OF THE	1.3 STREET ADDRESS			
CITY-ST-ZIP	OFFICE GABLES FLE 8943 Migmi, FL 33/86				
TITLE	DELETE	2.1 TITLE	Change Addition		
NAME		22 NAME	3		
STREET ADDRESS		2.3 STREET ADDRESS			
CITY-ST-ZIP		2.4 CITY-ST-ZIP			
TITLE	DELETE	3.1 TITLE	Change Addition		
NAME .		3.2 NAME			
STREET ADDRESS		3.3 STREET ADDRESS	· ·		
CITY-ST-ZIP		3.4 CITY-ST-ZIP			
TITLE	DELETE	4.1 TITLE	Change Addition		
NAME		4.2 NAME			
STREET ADDRESS		4.3 STREET ADDRESS			
CITY-ST-ZIP		4.4 CITY-ST-ZIP			
TITLE	DELETE	5.1 TITLE	Change Addition		
NAME		5.2 NAME			
STREET ADDRESS		5.3 STREET ADDRESS			
CITY-ST-ZIP		5.4 CITY-ST-ZIP	·		
TITLE	DELETE	6.1 TITLE	Change Addition		
NAME		6.2 NAME	==		
STREET ADDRESS		6.3 STREET ADDRESS			
CITY-ST-ZIP		6.4 CITY-ST-ZIP			
14. I hereby ce	ortify that the information supplied with this filing does not qualify for the	ne exemption stated in	section 119.07(3)(i), Florida Statutes. I further certify that the information		

Country

30

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 annual report is true and accurate and that my signature shell have the same legal effect as if made under out; 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.

MUSHALLIN RACHIRL

9/29/98 (305) 274-441

KZEU34 (5/98)