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Mar 03 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000092264 (7)**

1. Corporation Name

BAGEL KING BAKERY & NOSH, INC.

Principal Place of Business

**777 DELTONA BLVD
DELTONA FL 32725**

Mailing Address

**777 DELTONA BLVD
DELTONA FL 32725-7173**



3. Date Incorporated or Qualified

12/04/1995

3a. Date of Last Report

03/12/1996

2. Principal Place of Business

21
Suite, Apt. #, etc.

22
City & State

23
Zip

25
Country

2a. Mailing Address

26
Suite, Apt. #, etc.

27
City & State

28
Zip

30
Country

4. FEI Number

59-3352810

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

**PERROTTA, FRANK
777 DELTONA BLVD
DELTONA FL 32725**

81. Name

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

83.

84. City

FL

85. Zip Code

10. Name and Address of New Registered Agent

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, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **DP**
STREET ADDRESS **PERROTTA, FRANK**
CITY-ST-ZIP **109 SANDY OAKS PL
LONGWOOD FL**

TITLE ☐ DELETE

NAME **DV**
STREET ADDRESS **PERROTTA, TINA**
CITY-ST-ZIP **109 SANDY OAKS PL
LONGWOOD FL**

TITLE ☐ DELETE

NAME **DST**
STREET ADDRESS **LEMELIN, MARK & FRANCIN**
CITY-ST-ZIP **55 FERNCREST
DEBARY FL**

TITLE ☐ DELETE

NAME **DV**
STREET ADDRESS **RECKSEIDLER, TINAMARIE**
CITY-ST-ZIP **1561 MAGNOLIA
WINTER PARK FL**

TITLE ☐ DELETE

NAME **DV**
STREET ADDRESS **TOURNOUR, LUCILLE**
CITY-ST-ZIP **3359 TCU BLVD
ORLANDO FL**

TITLE ☐ DELETE

NAME **DV**
STREET ADDRESS **TOURNOUR, SCOTT**
CITY-ST-ZIP **3359 TCU BLVD
ORLANDO FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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 included 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:

Robert M. Lemelin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/24/97

407-574-5729

Daytime Phone #

CR2E034 (9/96)