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Apr 07 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 # P96000000953 (5)

1. Corporation Name
BAGEL BUDDIES OF FORT MYERS, INC.

Principal Place of Business
1211 SOUTHWEST 49TH TERRACE
CAPE CORAL FL 33914

Mailing Address
1211 SOUTHWEST 49TH TERRACE
CAPE CORAL FL 33914-7050

3. Date Incorporated or Qualified 01/04/1996
3a. Date of Last Report 11/4/1996

4. FEI Number 65-0640066
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

2. Principal Place of Business
21 2628 Fowler ST.
Suite, Apt. #, etc.
22 FT. Myers Fla. 33901
City & State
23 FT. Myers Fla. 33901
Zip Country
24 33901 25 U.S.A.
2a. Mailing Address
26 1211 S.W. 49th Terr
Suite, Apt. #, etc.
27 CAPE CORAL Fla. 33914
City & State
28 CAPE CORAL Fla. 33914
Zip Country
29 33914 30 U.S.A.

9. Name and Address of Current Registered Agent
THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD
343 ALMERIA AVENUE
CORAL GABLES FL 33134
MARVIN A. Goetz
1211 S.W. 49th Terr
CAPE CORAL FL 33914

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
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 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 MARVIN A. GOETZ
Signature of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 3/23/97

12. OFFICERS AND DIRECTORS
TITLE PTO ☐ DELETE
NAME GOETZ, MARVIN A
STREET ADDRESS 1211 SOUTHWEST 49TH TERRACE
CITY-ST-ZIP CAPE CORAL FL 33914
TITLE SD ☐ DELETE
NAME GOETZ, SANDRA J
STREET ADDRESS 1211 SOUTHWEST 49TH TERRACE
CITY-ST-ZIP CAPE CORAL FL 33914
TITLE VD ☐ DELETE
NAME BOYLE, THOMAS J
STREET ADDRESS 1211 SOUTHWEST 49TH TERRACE
CITY-ST-ZIP CAPE CORAL FL 33914
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 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 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: MARVIN A. GOETZ
Signature and typed or printed name of signing officer or director Date 3/19/97 Daytime Phone 941-542-1746

CR2E034 (9/96)