


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Mar 28 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 # P96000008520 (4)			
1. Corporation Name MAIN STREET BAGELS, INC.			
MAIN STREET BAGELS 1915 E. Silver Springs Blvd. Ocala, FL 34470			
Principal Place of Business 907 N.E. 46TH COURT OCALA FL 34470		Mailing Address 907 N.E. 46TH COURT OCALA FL 34470-8103	
2. Principal Place of Business 21 1915 E. Silver Springs Blvd Suite, Apt. #, etc.		2a. Mailing Address 26 1915 E. Silver Springs Blvd Suite, Apt. #, etc.	
22 City & State 23 Ocala, FL		27 City & State	
24 Zip 34470		28 Zip 34470	
25 Country USA		29 Country	
9. Name and Address of Current Registered Agent INGALLS, MICHAEL YATES 907 N.E. 46TH COURT OCALA FL 34470		10. Name and Address of New Registered Agent 81 Name BRIAN PARODI 82 Street Address (P.O. Box Number is Not Acceptable) 1902 S.E. 38 CT 83 84 City Ocala FL 85 Zip Code 34471	
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 <i>Brian Parodi</i> BRIAN K. PARODI DATE 2/10/97 (NOTE: Registered Agent signature required when reinstating)			
12. OFFICERS AND DIRECTORS 1.1 TITLE D 1.2 NAME INGALLS, MICHAEL Y 1.3 STREET ADDRESS 907 N.E. 46TH COURT 1.4 CITY-ST-ZIP Ocala FL 34470 1.5 1.6 1.7 1.8 1.9 1.10 1.11 1.12		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE PRESIDENT 1.2 NAME PARODI, BRIAN K. 1.3 STREET ADDRESS 1902 S.E. 38 CT 1.4 CITY-ST-ZIP Ocala FL 34471 1.5 1.6 1.7 1.8 1.9 1.10 1.11 1.12	
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 it changed, or on an attachment with an address. SIGNATURE: <i>Brian Parodi</i> BRIAN K. PARODI DATE 2/10/97 352-732-3888 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #			



CR2E034 (9/96)