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FILED
May 04 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P96000008520 (4)

1. Corporation Name

MAIN STREET BAGELS, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business		Mailing Address	
1915 E SILVER SPRINGS BLVD OCALA FL 34470 US		1915 E SILVER SPRINGS BLVD OCALA FL 34470 US	
2. Principal Place of Business		2a. Mailing Address	
21 1915 E. Silver Springs Blvd		26 1915 E. Silver Springs Blvd	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22		27	
City & State		City & State	
23 Ocala, Fl		28 Ocala, Fl	
Zip		Zip	
24 34470		29 34470	
Country		Country	
25 marion		30 marion	

3. Date Incorporated or Qualified	
01/24/1996	
4. FEI Number	Applied For
59-3369755	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
PARODI, BRIAN 1902 SE 38 CT OCALA FL 34471		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
NAME	PARODI, BRIAN K	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
STREET ADDRESS	1902 SE 38 CT	2.1 TITLE	2.2 NAME
CITY-ST-ZIP	OCALA FL	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
TITLE	NAME	3.1 TITLE	3.2 NAME
STREET ADDRESS		3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
CITY-ST-ZIP		4.1 TITLE	4.2 NAME
TITLE	NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
STREET ADDRESS		5.1 TITLE	5.2 NAME
CITY-ST-ZIP		5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
TITLE	NAME	6.1 TITLE	6.2 NAME
STREET ADDRESS		6.3 STREET ADDRESS	6.4 CITY-ST-ZIP
CITY-ST-ZIP			

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 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: _____ (352) 4-25-98 732-3888

CR2E034 (10/97)