

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

**FILED**  
**Feb 25 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 #** P96000009575  
 Corporation Name  
**BAGEL BLAST, INC.**

Principal Place of Business Mailing Address  
**4525 N. Pine Island Road (same)**  
**Sunrise, FL 33351**

3. Date Incorporated or Qualified <b>1/29/96</b>	3a. Date of Last Report <b>N/A</b>
4. FEI Number <b>65-0663302</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

21. 4525 N. Pine Island Rd. State, Apt. #, etc.	26. (same) State, Apt. #, etc.
22. Sunrise, FL City & State	27. Sunrise, FL City & State
23. 33351 Zip	28. USA Country
24. 33351 Zip	29. USA Country

**9. Name and Address of Current Registered Agent**  
**Fran Bernstein**  
**4525 N. Pine Island Rd.**  
**Sunrise, FL 33351**

**10. Name and Address of New Registered Agent**

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
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: **Fran Bernstein** *Fran Bernstein* DATE: **2/20/97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: <b>President</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME: <b>Fran Bernstein</b>	1.2 NAME		
STREET ADDRESS: <b>4525 N. Pine Island Rd.</b>	1.3 STREET ADDRESS		
CITY, ST, ZIP: <b>Sunrise, FL 33351</b>	1.4 CITY-ST-ZIP		
TITLE: <b>Vice President</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME: <b>Bryan Bernstein</b>	2.2 NAME		
STREET ADDRESS: <b>4525 N. Pine Island Rd.</b>	2.3 STREET ADDRESS		
CITY, ST, ZIP: <b>Sunrise, FL 33351</b>	2.4 CITY-ST-ZIP		
TITLE: <b>Secretary</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME: <b>Pamela Bernstein</b>	3.2 NAME		
STREET ADDRESS: <b>4525 N. Pine Island Rd.</b>	3.3 STREET ADDRESS		
CITY, ST, ZIP: <b>Sunrise, FL 33351</b>	3.4 CITY-ST-ZIP		
TITLE: <b>Treasurer</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME: <b>Howard Lender</b>	4.2 NAME		
STREET ADDRESS: <b>4525 N. Pine Island Rd.</b>	4.3 STREET ADDRESS		
CITY, ST, ZIP: <b>Sunrise, FL 33351</b>	4.4 CITY-ST-ZIP		
TITLE: <b>Assistnat Secretary</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME: <b>Marvin Bernstein</b>	5.2 NAME		
STREET ADDRESS: <b>4525 N. Pine Island Rd.</b>	5.3 STREET ADDRESS		
CITY, ST, ZIP: <b>Sunrise, FL 33351</b>	5.4 CITY-ST-ZIP		
TITLE: <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME:	6.2 NAME		
STREET ADDRESS:	6.3 STREET ADDRESS		
CITY, ST, ZIP:	6.4 CITY-ST-ZIP		

14. I declare by certifying 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: *Fran Bernstein* DATE: **2/20/97** (954) 572-6333  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**FRAN BERNSTEIN, PRESIDENT**

CR2E034 (9/96)

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**-02/26/97--01010--014**  
**\*\*\*165.00**