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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # P96000010549 (9)

1. Corporation Name
BROOKSIDE BAGEL,INC.

Principal Place of Business
~~1999 UNIVERSIYT DR,STE 212~~
~~CORAL SPRING FL 33071~~

Mailing Address
~~1999 UNIVERSITY DR, STE 212~~
~~CORAL SPRINGS FL 33071-6068~~

3. Date Incorporated or Qualified: 01/26/1996
3a. Date of Last Report:

2. Principal Place of Business
21: 10645 WILES ROAD
Suite, Apt. #, etc.
22:
City & State
23: CORAL SPRINGS, FL
Zip 24:
Country 25: USA

2a. Mailing Address
26: 7562 W. COMMERCIAL BLVD
Suite, Apt. #, etc.
27:
City & State
28: LAUDERHILL, FL 33319-2132
Zip 29:
Country 30: USA

4. FEI Number: 65-0689699 ☐ 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

~~IAN S. FREIDLANDER, P.A.~~
~~1999 UNIVERSITY DR, STE 212~~
~~CORAL SPRINGS, FL 33071~~

10. Name and Address of New Registered Agent

81 Name: GARY SCHWARTZBERG
82 Street Address (P.O. Box Number is Not Acceptable): 7562 W. COMMERCIAL BLVD
83:
84 City: LAUDERHILL FL 85 Zip Code: 33319-2132

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] DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE: PSTD SCHWARTZBERG, GARY 1999 UNIVERSITY DR, STE 212 ~~CORAL SPRINGS FL 33071~~	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☒ Change ☐ Addition: 7562 W. COMMERCIAL BLVD LAUDERHILL, FL 33319-2132
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☒ Addition: VPD MENDEL MALACH 7562 W. COMMERCIAL BLVD LAUDERHILL, FL 33319-2132
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☒ Change ☐ Addition 000002165060 -05/05/97--01013--033 ***165.00

4/5/97

CR2E034 (9/96)

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: [signature] GARY SCHWARTZBERG pres 4/28/97 954-748-5077
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #