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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000023801 (9)

ORLANDO BAGEL FACTORY - APOPKA, INC.

FILED Apr 30 1998 8:00am Secretary of State

Principal Place of Bu	siness	Mailing Address	· · • · · · · · · · · · · · · · · · · ·		1000 01101 00EN 00101 E101 1001
2432 E SEMORAN BLVD		POST OFFICE BOX 15110			
APOPKA FL 32703		DAYTONA BEACH FL 32115		DO NOT WORK IN THE COLOR	
US				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified	
				03/15/1996	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For
21		26		59-3367076	Not Applicable
Sulte, Apt. #, etc.		Suite, Apt. #, etc.			\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
Z ip	Country	28 Zip	Country	Trust Fund Contribution	Added to Fees
24	25	29	30	8. This corporation owes or has paid the c Personal Property Tax due June 30.	urrent year Intangible
	lame and Address of Curren		[30]	10. Name and Address of New Registered	
ROST, SCOTT R 81 Name					
AAA SEADDETE DIVID. CHITE OOD				ress (P.O., Box Number is Not Acceptable)	
DAYTONA BEACH FL 32118				Park Ave. W. Suity	<i>1</i> 3
			83	,	
			84 City		85 Zip Code
			L'aria	- Rock FL FI	L 32789
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 Lorida. 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 onligations of, Section 607.0505, Florida Statutes.					
SIGNATURE Signature: typed or printe 1 name of registered agent and other it applicable (NOTE Registered Agent signature required when reinstating) DATE					
	typed or present finance of registered age		F Registered Agent signature requi	·	
TITLE D	OFFICERS ANI	DELETE	13. 1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS AN	
	VARDS, HOWARD KEAY	C) beerie	1.2 NAME		Change Addition
	7 BALLARD AVENUE		1.3 STREET ADDRESS		
	ANDO FL 32833-4037		1.4 CITY-ST-ZIP		
TITLE		DELETE	2.1 TITLE		Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2 3 STREET ADDRESS		
CITY-ST-ZIP			2 4 CITY-ST-ZIP		
TITLE		☐ DELETE	3 1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		i
CITY-ST-ZIP			3.4. CITY - ST - ZIP		
TITLE		₩ DELETE	4.1 TITLE		L Change L Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	4.4 CITY-S1-ZIP		Change Addition
NAME		[] DELETE	5.1 TITLE 52 NAME		Change Addition
STREET ADDRESS					
CITY-ST-ZIP			5 3 STREET ADDRESS		
TITLE		DELETE	5.4 CITY-ST-ZIP 6.1 TITLE		Change Addition
NAME		<u> </u>	6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY - ST - ZIP		
	at the information supplied wi	th thir bling door not qualify for		Section 119 07/3/(i) Florida Statutos I further o	

Indicated on this annual report or supplied with this him globes not quality 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.