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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P96000043036**1. Corporation Name

Principal Place of Business

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

700 ten Oau

TITLE

NAME

F & J MANHATTAN BAGEL, INC.

760 12TH STRE KEY COLONY I	eet Beach fl 33051	BOX 27 KEY COLOI US	NY BEACH FL 33051	I		1	DO NOT WRITE Date Incorporated or Qualifed 05/13/1996	IN THIS SP	ACE	
2. Principal P	Place of Business	2a. Mailing	Address				FEI Number		Apr	olied For
21		26					65-0601019		Not	Applicable
Suite, Apt.	. #, etc.		Apt. #, etc.			5.	Certificate of Status Desired	;	\$8.75 A	
22		27	Ctoto			-			Fee Rec	
City & Stat	te	City &	State			1	Election Campaign Financing	□ ,	\$5.00	*
Zip	Country	28 Zip		Country	•	_	Trust Fund Contribution		Added to	rees
—	25	29	30	Country		1	This corporation owes the current Personal Property Tax.	7 .9		□No
24	9. Name and Address of Cu		 				Name and Address of New Reg		•	
		4.75 Baras		81	Name					
	ON, LAWRENCE J ESQ.		-	82	Stroot Addre	see /D	O. Boy Number is Not Acceptable			
619 NO. GRANDVIEW AVENUE				02	82 Street Address (P.O. Box Number is Not Acceptable)			****** * * * * * * * * * * * * * * * *		
DAY	TONA BEACH FL 32118			83						
				84	City		Market Control of the Section Section of the Control of the Contro	Fi	35 Zip C	óde
office or r	to the provisions of Sections 607 registered agent, or both, in the St am familiar with, and accept the ob	tate of Florida. Such	change was author	rized by	the corporation	n's bo	ard of directors. I hereby accept the	ne appointm	ent as reg	ristered
SIGNATURE	Signature, typed or printed name of registered OFFICERS	agent and title if applicable		stered Agen	nt signature required		einstating) / :::::::::::::::::::::::::::::::::::	DATE ERS AND I	DIRECTO	RS IN 12
					nt signature required	Α	ADDITIONS/CHANGES TO OFFIC	ERS AND (DIRECTOR	RS IN 12
12.	PD		DELETE	13.	nt signature required	Α	ADDITIONS/CHANGES TO OFFIC	ERS AND (
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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 chapted, or on an attack ment with an address, with all other like empowered.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ DELETE

☐ Change

___ Addition

FILED

Jan 30, 1999 8:00am

Secretary of State

01-30-1999 90001 014 ***150.00