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

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE **Katherine Harris** . Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000052159

1. Corporation Name

THE BROOKLYN BAGEL RESTAURANT, INC.

Principal Place of Business	Mailing Address
612 N ORNAGE AVE D-5 JUPITER FL 33458 US	612 N ORANGE AVE D-5 JUPITER FL 33458 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed
06/17/1996

2. Principal Place of Business 21 **66T1 W. INDIANTOWN RD**	2a. Mailing Address 26 **66T1 W. INDIANTOWN RD.**
Suite, Apt. #, etc. 22 **SUITE 62**	Suite, Apt. # etc. 27 **SUITE 62**
City & State 23 **JUPITER FL**	City & State 28 **JUPITER FL**
Zip 24 **33458** Country 25 **USA**	Zip 29 **33458** Country 30 **USA**

4. FEI Number **NOT APPLICABLE**	Applied For
	Not Applicable
5. Certifcate 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 owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CIOFFI, MICHAEL J 612 N ORANGE AVE STE D-5 JUPITER FL 33458	81 Name **MICHAEL J. CIOFFI** 82 Street Address (P.O. Box Number is Not Acceptable) **66T1 WEST INDIANTOWN ROAD SUITE 62** 83 84 City **JUPITER** FL 85 Zip Code **33458**

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)_ **PRESIDENT** _1.25.99_

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

12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	☑ DELETE	1.1 TITLE	PRESIDENT	☑ Change ☐ Addition
NAME	CIOFFI, MICHAEL J		1.2 NAME	MICHAEL J. CIOFFI	
STREET ADDRESS	612 NORANGE AVE STE D-5		1.3 STREET ADDRESS	66T1 W. INDIANTOWN RD SUITE 62	
CITY-ST-ZIP	JUPITER FL 33458		1.4 CITY-ST-ZIP	JUPITER FL 33458	
TITLE	VP	☑ DELETE	2.1 TITLE	VP	☑ Change ☐ Addition
NAME	VEGLIA, ROBERT		2.2 NAME	Veglia, Robert	
STREET ADDRESS	612 N ORANGE AVE STE D-5		2.3 STREET ADDRESS	66T1 Westlake Ct	
CITY-ST-ZIP	JUPITER FL 33458		2.4 CITY-ST-ZIP	Jupiter, FL 33458	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 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, with all other like empowered.

SIGNATURE: _(signature)_ **PRESIDENT** _1.25.99_ (561) 575-6818

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)