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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # P96000052164 (6)

BROOKLYN BAGEL FRANCHISE CORPORATION

Principal Place of Business

Mailing Address

FILED Apr 30 1997 8:00am Secretary of State



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|--|--|---|---|-------------------|-------------|--|----------------------------------|-----------------------------|--|----------------|
| 6871 WEST INDIANTOWN ROAD STE 62 JUPITER FL 33477 | | 6671 WEST INDIANTOWN ROAD STE 62 JUPITER FL 33458-3984 | | | | | | | | |
| | | | | | | 3. Date Incorporat 06/17/1996 | ed or Qualified | 3a. Da | te of Last R | eporl |
| 2. Principal Place of Business 2a. Mailing Address | | | | | | 4. FEI Number | | ···· | AF | plied For |
| 21 | 26 | | | | | | | No | t Applicable | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | | 5. Certificate of Sta | atus Desired | | \$8.75 / Fee Re | |
| City & State | , | City & State | | | | 6. Election Campa | | | \$5.00 | |
| 23 | | 28 | | | | Trust Fund Cont | | _Ц | Added t | |
| Zip | Country | Zip | — | untry | | 6. This corporation | | | | . 199.032, |
| 24 | 9. Name and Address of Current | Penistered Agent | 30 | | | Florida Statutes O. Name and Add | | Yes L | | |
| VANI | KEUREN, PETER S ESQ. | nogistored Agent | | 81 Nath | A ILA | / Name and Abo | D-7 - 1 | Aletelen y | Agus | |
| | I ALTERNATE A1A | | | 14/ | M. HH. | 11 3. L. | OFFI | | | |
| | ITER FL 33477 | | | 82 Street | 1315 | (P.P. BSL)\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ | ij Not Acqeptat | 271.3 | | |
| JUFI | HER I C 33477 | | | 83 | | | | | · | |
| | | | | | <u> </u> | | | | ··· | |
| | | | | 84 PML | 1601/ | ONO ABEST | <u>'</u> | FL | 85 307 | ংগ্রহণ । |
| 11. Pursuant t | to the provisions of Sections 607.0502 | and 607:1508/Florida Statu | les, the a | bove-named | corpora | tion submits this sta | atement for the r | | changing it | s registered |
| office or re | to the provisions of Sections 607.0502 egistered agent or both, in the State of or familiar with, and accorbit the obligat | f Florida. Such change was | authorize | d by the corp | oration's | s board of directors | . I hereby acce | pt the app | ointment as | registered |
| • | Transar wan, and accept the dangat | 1078 01, 300001 607.0505, FI | 7/1/ | TUIGS. | ner i | DOSKINS | אדא | 4. 2 | <u>ፈ</u> 91 | |
| SIGNATURE | Signal in typed or printed name a registered agent | K/_L | .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | o Agent signature | required w | then reinstating) | ,, , , | DATE | <u> </u> | |
| 12. | OFFICERS AND | | 13. | | | ADDITIONS/CHA | NGES TO OFFIC | CERS AND | DIRECTOR | S IN 12 |
| ¥IILE | D | DELETE | 1.1 T | ITLE | , | | | | Change | Addition |
| NAME | VAN KEUREN, PETER S ESQ. | | 1.2 N | AMÉ | | | | | | |
| STREET ADDRESS | 1001 ALTERNATE A1A | | 1.3 \$ | TREET ADDRESS | | | | | | |
| CITY-SI-ZIP | JUPITER FL 33477 | | 1.40 | ATY-ST-ZIP | | | | | | |
| TiTLE | D | DELETE | 2.1 T | ITLE | | | | | Change | Addition |
| NAME | CIOFFI, MICHAEL J | | 2.2 N | IAME | | | | | | |
| STREET ADDRESS | 6671 WEST INDIANTOWN ROA | D STE 62 | | TREET ADDRESS | | | | | | |
| C(11 - S1 - 7)P | JUPITER FL 33477 D | DELETE | | CITY - ST - ZIP | | | | | Change | Addition |
| TULF | - | TT DETER | 3.11 |) | | | | | L Change | L.J Madition |
| NAME . | VEGLIA, ROBERT 6671 WEST INDIANTOWN ROAI | n ett es | | IAME | | | | | | |
| STREET ADDRESS | JUPITER FL 33477 | DOILOR | | TREET ADDRESS | | | | | | |
| CITY - S1 - ZIP | JUPILER PL 30477 | DELETE | | CITY-ST-ZIP | | | | | Change | Addition |
| TITLE | | | 4.17 | | | | | | Charge | - (JUBUUA) |
| NAME CLOCKE ACCOUNTS | | | | VAME | | | | | | |
| STREET ADDRESS | | | | TREET ADDRESS | | | | | | |
| CITY-ST-ZIF | | DELETE | 517 | HTY-ST-ZIP | | | | <u></u> | Change | Addition |
| NAME | | | | IAME | | | | | | |
| STHEFT ADDRESS | | | 1 | TREET ADDRESS | | | | | | |
| CITY ST-ZIP | | | | ITY-ST-ZIP | | | | | | |
| Title | | DELETE | 6.11 | | | | | | Change | Addition |
| NAM: | | | | IAME | | | | | | |
| STREET ADDRESS | | | | TREET ADDRESS | | | | | | |
| CITY - ST - ZIP | | | 4 | ST-ZIP | 1 | | | | | |
| | by certify that the information supplied in indicated on this annual report of su | with this filing does not qual | | | tated in | Section 119.07(3)(i |), Florida Statute | s. I further | certify that | the |
| informatio | in indicated on this annual report of sufficer or director of the corporation or t | ipplemental annual report is | true and | accurate and | that my | / signature shall has s required by Chan | ve the same legater 607. Florida | al effect as Statutes: e | if made un | der oath; that |
| appears i | n Block 12 or Block 3 if changed at | on an atlachment with an ad | oress. | | | | an | 1 - 1 - | | |
| 01011- | When I | A Still | | MILWY. |), べ、 | LIOFFI | DR45. 1 | <i>ላ</i> እና | 17/36H | 3754818 |
| SIGNAT | UHE: | MINTED NAME OF SIGNING OFFICE | | | <u> </u> | VIVI 1 1 | Date | 103 | aytime Phone # | |
| | MUNICIPIE AND LIPED ON | A TO HAME OF BIGHING OFFICE | . on Dinet | | | | -45 | Di | A PART OF THE PART | 450 |