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

**PROFIT CORPORATION** ANNUAL REPORT

1997

STREET ADDRESS



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000055212 (0)

**GOURMET BAGEL AND COFFEE, INC.** 

**FILED** Jun 10 1997 8:00am Secretary of State

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Principal Place of Business Mailing Address					J IADII ENI LIN CALLA CIDIL ANIIL ANIIL ANIIL	11 98381 EILGE ALFII	J 14801 3781	18 1101 1001	
8989 59TH 81 PINELLAS PAI		8989 59TH ST. N. PINELLAS PARK FL 33	782-4934						
					<ol> <li>Date Incorporated or Qualified 06/27/1996</li> </ol>	3a. Date	of Last F	Report	
	Place of Basiness	2a. Mailing Address			4. FEI Number	-/-	A	pplied For	
21		26			59-34255	42		ot Applicable	
Suite, Apt		Suite, Apt. #, etc.			5. Certificate of Status Desired		Fee Required		
City & Sta		City & State			Election Campaign Financing     Trust Fund Contribution				
Zip	ng ' ├──g ' ├──g '		ip Country		8. This corporation has liability for intangible tax under s. 199.032,				
24	25 29 3 9. Name and Address of Current Registered Agent			Florida Statutes Yes No  10. Name and Address of New Registered Agent					
		r waftereran Wilain		31 Name	10. Name and Address of New Re	Alareten Whe	7111		
	ARKE, BRYAN		Ĺ						
8989 59TH ST. N. Pinellas park fl 34666			-	32 Street	Address (P.O. Box Number is Not Acceptal	ble)			
Pin	ELLAS PARK FL 34000		la la	33					
1			<u> </u>			<del></del>	<del></del>	· <b></b>	
i			J.	34 City		FI. 8	35 Zip	Code	
11. Pursuant office or agent. I	to the provisions of Sections 607.0502 registered agent, or both, in the State am familiar with, and accept the obliga	2 and 607.1508, Florida Sta of Florida. Such change wa tions of, Section 607.0505,	tutes, the about a suite and the suite and t	ove-named by the cor tes.	corporation submits this statement for the poration's board of directors. I hereby acce	purpose of cha pt the appoint	anging if ment as	ts registered registered	
SIGNATURE	Planeter a good or minled page of reciplored age	y and tile if application	MAIL Basishad	Anoni signatur	required when reinstating)	DATE			
12.	Signature, typed or printed name of registered agen; and tille if applicatio (NOTI Regi			Agent signaturi	ADDITIONS/CHANGES TO OFFIC		RECTOR	RS IN 12	
TITLE	PACS LO COUT DELETE 1		1.1 1170	E			Change	Addition	
NAME	BRYAN CLARKE 8009 544 ST. N		12 NAA	(Ę					
STREET ADDRESS	REET ADDRESS BODG 544 ST. N		1.3 STREET ADDRESS						
CITY-ST-ZIP	Pinevias PK, PL 2466 33782		1.4 CITY	- ST - ZIP					
TITLE	VIES PRESIDENT	DELETE	DELETE 2.1 TIT		vice President	ᅜ	Change	Additron	
NAME	Michael To Fitzpatrick		2.2 NAN	IE	michael Fitzportick				
STREET ADDRESS	TREET ADDRESS PU. BOX 154			EET ADDRESS	61 John Ewer rd.				
CITY-ST-ZIP	Forestdale, MH o			Y-\$1-ZIP	Sandwich, MA 02563				
TITLE	Socretary	DELETE	3 1 111L				Change	Addition	
NAME	Bryan Clarke		3.2 NAM						
STREET ADDRESS				ET ADDRESS					
CITY-ST-ZIP	Pinellos Pork F/ 3378	Z		Y-S1-ZIP			<u> </u>	T A same	
TITLE	Treasurer	DELETE	4.1 TITL	-			Change	Addition	
NAME '	Melicel T. Fitzpafrick  61 John Gwer rd		4. 2 NAI						
STREET ADDRESS	1	_		EET ADDRESS					
CITY-ST-ZIP TITLE			5.1 TITL	-ST-ZIP		<del></del>	Change	Addition	
NAME		C) OLLER	5.1 HILL 5.2 NAM			u	onarige	L. Audiciali	
STREET ADDRESS			1	ET ADDRESS					
CITY-ST-ZIP									
TITLE		DELETE	61 THL	'-S1-71P F		— П	Change	Addition	
NAME	7.		6.2 NAN			_			
	i			_	İ				

6.3 STREET ADDRESS

SIGNATURE:

SIGNATURA DI QUILLI

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.

813 -546 -1711