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

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000063212 (0)

BAGEL-ICIOUS, INC.

		_
Principal Place of Business	Mailing Address	

FILED Feb 09 1998 8:00am Secretary of State



Principal Plac	e of Busines	s	M	lailing Add	ress					-) F ESOTIBOT IIR ESITO STATI SOIII SOLIY BRITA OIILD LIILD ITRU IILIQ STOT ISOI	
4123 SOUTH TAMIAMI TRAIL 4123 SOUTH TAMIAMI TRAIL VENICE FL 34293 VENICE FL 34293							DO NOT WRITE IN THIS SPACE				
										3. Date Incorporated or Qualified	7
O Delegated F	Name of Division		100	Mailine 0	aldra a a					07/29/1996	4
2. Principal F	lace of Busin	10S\$	— <u> </u>	. Mailing A	lagress					4. FEI Number Applied For	4
Suite, Apt.	# oto		26	Suite, Ap	t # ata					65-0685911 Not Applicable	4
22	#, etc.		27	Soile, Ap						5. Certificate of Status Desired S8.75 Additional Fee Required	_
City & Stat	е		28	City & St	ate					6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	1
Zip		Country	- 20,	Zip		Co	untry	,		8. This corporation owes or has paid the current year Intangible	┪
24	j	25	29	•		30	1			Personal Property Tax due June 30. X Yes No	
	9. Name	and Address of Currer		tered Age	nt	1991	T			10. Name and Address of New Registered Agent	1
BB	OTCHNER,	CHARLES					81	Nam	е		1
1		TAMIAMI TRAIL					82	Stree	t Addres	ess (P.O. Box Number is Not Acceptable)	+
VE:	NICE FL 34	293					83	<u> </u>			4
							84	City		85 Zip Code	4
}										FL ()	1
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation's office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's boa agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.							pration submits this statement for the purpose of changing its registered on's board of directors. I hereby accept the appointment as registered	1			
SIGNATURE		-,		.,						. با منتها در	1
L	Signature, typed	or printed name of registered age			(NO)		d Age	nt signat	ire required	d when reinstating) DATE	Jŕ
12.		OFFICERS ANI	D DIREC		Lacrette	13.				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	18
TITLE	P			<u> </u>	DELETE	1.1 7			İ	Change Addition	3
NAME		INER, CHARLES				1.2 N					13
STREET ADDRESS		YWOOD TERRACE						ADDRES	}		ļį
CITY-ST-ZIP		TA FL 34231			DELETE			T-ZIP	-	Change Addition	48
TITLE	ST	ALCDOTCHNED CL	ODIA	4_	DELETE	2.1 T				Change Audition	1
NAME		AN-BROTCHNER, GL	URIA			2.2 N			.		ł
STREET ADDRESS		YWOOD TERRACE						ADDRES	·		ı
CITY-ST-ZIP TITLE	SAMASU	TA FL 34231			DELETE	2. 4 C		ST-ZIP	 	☐ Change ☐ Addition	1
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STREET ADDRESS						1		ADDRESS	. [
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CITY-ST-ZIP TITLE				——————————————————————————————————————	DELETE	6.1 TJ		1 - LIP	 	Change Addition	1
NAME				_		6.2 N			-		-
STREET ADDRESS								ADDRESS			
									1		
CITY-ST-ZIP						6.4 C	11-5	1-41	1		1

14. Thereby 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.