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May 02 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P96000064616 (1)

1. Corporation Name
AL'S FAMOUS FILLED BAGELS, INC.



Principal Place of Business: **9990 S.W. 77TH AVENUE SUITE 402 MIAMI FL 33156**

Mailing Address: **9990 S.W. 77TH AVENUE SUITE 402 MIAMI FL 33156-8115**

3. Date Incorporated or Qualified: **08/01/1996**

3a. Date of Last Report

4. FEI Number: **65-0705854** Applied For Not Applicable

5. Certificate 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 has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business

21. Suite, Apt. #, etc.

22. City & State

23. Zip Country

24. Zip Country

25. Zip Country

26. Mailing Address

27. Suite, Apt. #, etc.

28. City & State

29. Zip Country

30. Zip Country

9. Name and Address of Current Registered Agent

**ATLANTIS REGISTERED AGENTS, INC.
 C/O GERALD DAMSKY, P.A.
 5355 TOWN CENTER RD, SUITE 301
 BOCA RATON FL 33486**

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City **FL** 85. Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

DELETE

TITLE

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STREET ADDRESS

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DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition **President**

1.2 NAME **Alvin Burger**

1.3 STREET ADDRESS **9990 SW 77 Ave., PH 8**

1.4 CITY - ST - ZIP **Miami FL 33156**

2.1 TITLE Change Addition **V.P. & Treasurer**

2.2 NAME **Sandra Burger**

2.3 STREET ADDRESS **9990 SW 77Ave., PH 8**

2.4 CITY - ST - ZIP **Miami, FL 33156**

3.1 TITLE Change Addition **V.P. of Operations**

3.2 NAME **Gary McKeighen**

3.3 STREET ADDRESS **9990 SW 77 Ave., PH 8**

3.4 CITY - ST - ZIP **Miami, FL 33156**

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE Change Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

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.

SIGNATURE:  **SANDRA BURGER** 4-15-97 305-271-5757

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

CR2E034 (9/96)