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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

FILED

Apr 24 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

1997

STREET ADDRESS

appears in Block 12 or Block

SIGNATURE:

DOCUMENT # P96000068609 (2)

BAGEL NOOK, INC.

Mailing Address Principal Place of Business 11256 JASMINE HILL CIRCLE 11256 JASMINE HILL CIRCLE BOCA RATON FL 33498-1925 **BOCA RATON FL 33498** 3. Date Incorporated or Qualified 3a. Date of Last Report 08/16/1996 2. Principal Place of Business Mailing Address 4, FEI Number Applied For Not Applicable 26 Suite, Apt. #, etc. \$8,75 Additional Suite. Apt. #. etc. 5. Certificate of Status Desired Fee Regulred 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Country Country Zip 8. This corporation has liability for intangible tax under s. 199.032, Zip ☐ Yes ☐ No Florida Statutes 24 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name BREITT, RICHARD H 3111 STIRLING ROAD Street Address (P.O. Box Number is Not Acceptable) FT. LAUDERDALE FL 33312 83 84 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. Change Addition D DELETE 1.1 TITLE THILE ZELDMAN, RANDY 1.2 NAME NAME 11256 JASMINE HILL CIRCLE STREET ADDRESS 1.3 STREET ADDRESS **BOCA RATON FL 33498** 1.4 CITY - ST - ZIP CHY-ST-ZIF DELETE Change Addition 2.1 TITLE TATLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 31 TITLE TITLE 3 2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY - \$1 - 719 4 4 CITY-ST-ZIP DELETE Change Addition TITLE 51 TITLE 52 NAME NAME **5.3 STREET ADDRESS** STREET ADDRESS 54 CITY-ST-ZIP CITY-SI-ZIF DELETE Change Addition TULE 6.1 TITLE NAME 6.2 NAME 6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 opporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

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

or on an attachment with an