


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

FILED

May 22 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Northcutt Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P96000084530 (0) 1. Corporation Name S & J BAGELS, INC.					
Principal Place of Business 3839 CARAMBOLA CIRCLE NORTH COCONUT CREEK FL 33066			Mailing Address 3839 CARAMBOLA CIRCLE NORTH COCONUT CREEK FL 33066-2445		
2. Principal Place of Business 21 1577 SW 1st Way Suite, Apt. #, etc. 22 E-18 City & State 23 Deerfield Beach, FL Zip 24 33441 Country 25 U.S.		2a. Mailing Address 26 1577 SW 1st Way Suite, Apt. #, etc. 27 E-18 City & State 28 Deerfield Beach, FL Zip 29 33441 Country 30 U.S.		3. Date Incorporated or Qualified 10/14/1996 3a. Date of Last Report 4. FEI Number 65-0751254 Applied For <input type="checkbox"/> Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent FRANKS, HARVEY I 6656 VIA REGINA BOCA RATON FL 33433			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					
TITLE	Owner / President <input type="checkbox"/> DELETE				
NAME	Scott A. Larson				
STREET ADDRESS	3839 Carambola Cir. N.				
CITY - ST - ZIP	Coconut Ch., FL 33066				
TITLE	N/A <input type="checkbox"/> DELETE				
NAME	N/A				
STREET ADDRESS	N/A				
CITY - ST - ZIP	N/A				
TITLE	<input type="checkbox"/> DELETE				
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
TITLE	<input type="checkbox"/> DELETE				
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
TITLE	<input type="checkbox"/> DELETE				
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
TITLE	<input type="checkbox"/> DELETE				
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
1.2 NAME	N/A				
1.3 STREET ADDRESS	N/A				
1.4 CITY - ST - ZIP	N/A				
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY - ST - ZIP					
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY - ST - ZIP					
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY - ST - ZIP					
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY - ST - ZIP					
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: Scott A. Larson 4-11-97 (954) 420-0070					

CR2E034 (9/96)