

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

FILED  
May 14 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000092328 (9)**

1. Corporation Name

**FLORIDA BAGEL CORP.**

Principal Place of Business

**8000 PETERS ROAD  
SECOND FLOOR  
PLANTATION FL 33324**

Mailing Address

**8000 PETERS ROAD  
SECOND FLOOR  
PLANTATION FL 33324**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**11/07/1996**

4. FEI Number

**52-2029723**

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional  
Fee Required**

6. Election Campaign Financing

☐ **\$5.00 May Be  
Added to Fees**

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

**6864 Willowood Drive**

Suite, Apt. #, etc.

**#401**

City & State

**Boca Raton, FL**

Zip

**33434**

Country

**US**

2a. Mailing Address

**6864 Willowood Drive**

Suite, Apt. #, etc.

**#401**

City & State

**Boca Raton, FL**

Zip

**33434**

Country

**US**

9. Name and Address of Current Registered Agent

**WEINBERG, STEVEN A  
8000 PETERS ROAD  
SECOND FLOOR  
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name

**Sharon Steuerman**

82

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

**6864 Willowood Drive**

83

**#401**

84

City

**Boca Raton**

**FL**

85

Zip Code

**33434**

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

*Sharon Steuerman*  
Signature, typed or printed name of registered agent and title if applicable

**Sharon Steuerman**

(NOTE: Registered Agent signature required when reinstalling)

DATE

**4/98/95**

12. OFFICERS AND DIRECTORS

TITLE **DPST** ☐ DELETE

NAME **SHARON STEVENMON**  
STREET ADDRESS **8000 PETERS RD 2ND FLOOR**  
CITY-ST-ZIP **PLANTATION FL**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **DPST** ☒ Change ☐ Addition

1.2 NAME **Sharon Steuerman**  
1.3 STREET ADDRESS **6864 Willowood Drive #401**  
1.4 CITY-ST-ZIP **Boca Raton, FL 33434**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

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 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:

*Sharon Steuerman*  
**Sharon Steuerman**

**4-9-98**

(561) 487-4222

CR2E034 (10/97)