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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Apr 14 1998 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000098836 (5)

BAGEL ISLAND CAFE, INC.

Principal Place of Business Mailing Address 200 KEY DEER BLVD 547 HECK AVE. BIG PINE KEY FL 33043 LITTLE TORCH KEY FL 33042 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/05/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 26 65-0711982 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State City & State Election Campaign Financing **\$5.00** May Be 23 28 Trust Fund Contribution Added to Fees Z_{1D} Country Country 8. This corporation owes or has paid the current year Intangible 24 25 X Yes 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 MEYER, JEFFREY B ESQ. Name 29872 OVERSEAS HIGHWAY STE 1 82 Street Address (P.O. Box Number is Not Acceptable) **BIG PINE KEY FL 33043** 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 (NOTE: Registered Agent signature requ Signature, typed or printed harne of registered agent and title diapplicable ed when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DITTE ☐ Change TITLE 11100 Addition **CUCCIA, DAVID** NAME 1.2 NAME **547 HECK AVENUE** STREET ADDRESS 1.3 STREET ADDRESS LITTLE TORCH KEY FL 33042 CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change ___ Addition TITLE 2110118 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-S1-ZIP 2. 4 CITY - ST - ZIP DELETE Change TITLE 3.1 TITLE Addition NAME STREET ADDRESS 3.3 STREET ADDRESS CHTY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Change TITLE 4.1 TITLE Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 City - St - ZiP DELETE Change TITLE Addition 5.1 THUE NAME **5.2 NAME** STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - \$1 - ZIP DELETE TITLE 61 TITLE ☐ Change Addition NAME 6.2 NAME STREET ADDRESS 6 3 STREET ADDRESS CITY-ST-ZIF

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 cath; 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 attactment with an address. MUL 1/92