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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # P96000099954 (5) SUN RISE BAGEL, INC.

## FILED Apr 15 1997 8:00am Secretary of State

Principal Place of Business Mailing Address  12703 NW 15 STREET 12703 NW 15 STREET SUNRISE FL 33323 SUNRISE FL 33323-3139					<u></u>	<del></del>							
							3. Date Inc. 12/09/1	orporated or Qua	lified	3a. Date	V/A		
2. Principal Pi	ace of Business	2a. Mailing A	ddress				4. FEI Num	-07204	72		J}	Applied For Not Applicabl	
Suite, Apt	#, etc	Suite, Apt. #, etc.						5. Certificate of Status Desired			\$8.75 Additional Fee Required		
City & State	9	City & Sta	ale				1	Campaign Finan	cing	П		May Be	
Z(p	Country 25	Zip 29		Count	try			poration has liabi			x under		
41	g. Name and Address of Cure		nt	130				nd Address of N					
KOPPEL, WAYNE S ES. 8211 W. BROWARD BLVD. SUITE 230				8	_	Name Street Ad	dress (P.O. Box I	Number is Not Ac	ceptable	9)			
PLAN	ITATION FL 33324					City			······································	FL	85 Zir	Code	
agent. La	to the provisions of Sections 607.0 egistered agent, or both, in the Sta m familiar with, and accept the ob	ate of Florida. Such of ligations of, Section 6	hange was 507.0505, F	authorized lorida Statut	by th	né corpor	ation's board of	directors. I hereby	/ ассерт	тив аррог	ntment a	io rogipioroa	
agent. La SIGNATURE 12.	on familiar with, and accept the ob-	agent and little Fapplicable	(NO	TE: Registered A	tes. Agent e		quired when reinstating)	directors. I hereby	<u>-</u>	DATE ERS AND I	DIRECTO	DRS IN 12	
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4. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3/ti). Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report as required 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 changing, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10 / 4/9/91 (954 846-046