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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P96000099954 (5)

SUN RISE BAGEL, INC.

Principal Place of Business

Mailing Address

## FILED May 12 1998 8:00am Secretary of State



12703 NW 15 STREET SUNRISE FL 33323		12703 NW 15 STREET SUMRISE FL 33323		DO NOT WRITE IN THIS	SPACE.	
					3. Date Incorporated or Qualified 12/09/1996	
	lace of Business	2a. Mailing Address			4. FEI Number	Applied For
	W. Sunnise Blod.	26			65-0720472	Not Applicable
Suite, Apt.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	se, Mi	City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 33323 Country 25 V.5.		7ip 29	29 30		This corporation owes or has paid the current year Intangible     Personal Property Tax due June 30.  Yes  No	
	9. Name and Address of Curren	10. Name and Address of New Registered	Agent			
KOPPEL, WATHE 5 ES.				1 Name		
8211 W. BROWARD BLVD. SUITE 230			8	2 Street Ad	ddress (P.O. Box Number is Not Acceptable)	
PL/s	INTATION FL 33324		6	3		
			8	4 City	Fi	85 Zip Code
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 appointment as registered Statutes.  SIGNATURE  Signature typical provides meant to extract agent and title if applicable. (NOTE Registered Agent signature required when reinstating)  DATE  ODE  ODE  ODE  ODE  ODE  ODE  ODE  O						
12.	OFFICERS AND	DIRLCTORS	13.		ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE			Change Addition
NAME	radeka, William		1.2 NAM			1;
STREET ADDRESS	12703 NW 15 STREET		1.3 STRE	ET ADDRESS	₽.	Į į
CITY-ST-ZIP	SUNRISE FL 33323		1.4 CITY		<u> </u>	
TITLE	VPD	☐ DELETE	2.1 TITLE		i de la companya de l	Change   Addition
NAME	RADEKA, WENDY 12703 NW 15 STREET		2.2 NAM			
STREET ADDRESS	<b>SUNRISE FL 33323</b>		2.3 STRE 2. 4 CITY	FT ADDRESS	· <del>2</del>	
CITY-ST-ZIP TITLE	GOTHINGE TE OSCEO	DELETE	3.1 TITLE			☐ Change ☐ Addition
NAME			3.2 NAM			
STREET ADDRESS			3.3 STRE	et address		
CITY-ST-ZIP			3.4. CITY	-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE			Change Addition
NAME			4 2 NAM			
STREET ADDRESS				et address		
CITY-ST-ZIP TITLE		DELETE	4.4 CITY 5.1 TITLE			Change Addition
NAME		ביין מנוניונ	5.1 TITLE 5.2 NAM			C Citaligo C Accollon
STREET ADDRESS				ET ADDRESS		
CITY-ST-ZIP			5.4 CITY			
TITLE		DELETE	6.1 TITLE			☐ Change ☐ Addition
NAME			6.2 NAM			]
STREET ADDRESS			6.3 STRE	ET ADDRESS		
CITY-ST-ZIP			6.4 CITY	- 1		

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 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, opport an attackingent with an address.

CICALATURE.

Be led

1/28/98 (954)846-178