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May 11 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000009099 (7)

1. Corporation Name
BAGELS R US & DELI, INC.

Principal Place of Business
1803 8TH STREET NORTH
JACKSONVILLE BEACH FL 32250

Mailing Address
1803 8TH STREET NORTH
JACKSONVILLE BEACH FL 32250



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/21/1997

4. FEI Number
59-3442080

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐ \$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

21 141 85 Beach Blvd #445

22 Jacksonville

23 FLA

24 32250

2a. Mailing Address

26 141 85 Beach Blvd #45

27 Jacksonville

28 FLA

29 32250

30 DUVAL

9. Name and Address of Current Registered Agent

LEPRELL, SAMUEL L
SUITE 901 - BLACKSTONE BLDG.
233 EAST BAY STREET
JACKSONVILLE FL 32202

81 Name

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

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0507 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

Nancy Leak

(NOTE: Registered Agent signature required when reinstating)

4-28-98

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

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME LEAK, NANCY
STREET ADDRESS 1803 8TH STREET NORTH
CITY-ST-ZIP JACKSONVILLE BEACH FL 32250 ☒ DELETE

TITLE D
NAME LOIACONO, FRANK
STREET ADDRESS 1803 8TH STREET NORTH
CITY-ST-ZIP JACKSONVILLE BEACH FL 32250 ☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P
1.2 NAME Charles E Leak
1.3 STREET ADDRESS 13810 Sutton Park Dr N # 219
1.4 CITY-ST-ZIP JAX FL 32224 ☒ Change ☒ Addition

2.1 TITLE M
2.2 NAME Nancy Leak
2.3 STREET ADDRESS 13810 Sutton Park Dr N # 219
2.4 CITY-ST-ZIP JAX FL 32224 ☒ Change ☒ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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 in an attachment with an address.

SIGNATURE:

Nancy Leak

4-29-98 904223433

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0039867

CR2E034 (10/97)