

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

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98 DEC 10 PM 12:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 1. Corporation Name P97000009675 Bagel Wizard, Inc.			
Principal Place of Business 4525 Allison Rd. Miami Beach, FL 33141		Mailing Address 4525 Allison Rd. Miami Beach, FL 33141	
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 21 6525 Allison Rd. Suite, Apt. #, etc. 22 City & State 23 Miami Beach, FL Zip 24 33141		2a. Mailing Address 25 6525 Allison Rd. Suite, Apt. #, etc. 27 City & State 28 Miami Beach, FL Zip 29 33141 30 Country	
3. Date Incorporated or Qualified January 30, 1997		4. FEI Number <input checked="" type="checkbox"/> Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30 <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent Jonathan D. Beloff 6525 Allison Road Miami Beach, FL 33141		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL	
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 required when reinstating) DATE _____			
12. OFFICERS AND DIRECTORS			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1. TITLE NAME STREET ADDRESS CITY - ST - ZIP		1.1 TITLE D, P, T 1.2 NAME Arthur Beloff 1.3 STREET ADDRESS c/o 6525 Allison Road 1.4 CITY - ST - ZIP Miami Beach, FL 33141	
2. TITLE NAME STREET ADDRESS CITY - ST - ZIP		2.1 TITLE D, S 2.2 NAME Jonathan D. Beloff 2.3 STREET ADDRESS 6525 Allison Road 2.4 CITY - ST - ZIP Miami Beach, FL 33141	
3. TITLE NAME STREET ADDRESS CITY - ST - ZIP		3.1 TITLE D 3.2 NAME Susan Evans 3.3 STREET ADDRESS c/o 6525 Allison Road 3.4 CITY - ST - ZIP Miami Beach, FL 33141	
4. TITLE NAME STREET ADDRESS CITY - ST - ZIP		4.1 TITLE 100002713091--2 4.2 NAME -12/15/98--01070--016 4.3 STREET ADDRESS ****150.00 ****150.00 4.4 CITY - ST - ZIP	
5. TITLE NAME STREET ADDRESS CITY - ST - ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	
6. TITLE NAME STREET ADDRESS CITY - ST - ZIP		6.1 TITLE 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: Jonathan D. Beloff, Director		Date: 12-3-98 Daytime Phone: 305-789-2700	

CR2E034 (10/97)