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

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03-01-1999 90149 031 ***150.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000009675

1. Corporation Name
BAGEL WIZARD, INC.

Principal Place of Business	Mailing Address
6525 ALLISON ROAD MIAMI BEACH FL 33141	6525 ALLISON ROAD MIAMI BEACH FL 33141

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21: 61 Curlew Road	2a. Mailing Address 26:
Suite, Apt. #, etc. 22:	Suite, Apt. #, etc. 27:
City & State 23: Manapalan, Florida	City & State 28:
Zip 24: 33462 Country 25:	Zip 29: Country 30:

3. Date Incorporated or Qualified: 01/30/1997

4. FEI Number: 65-0737612 ☐ Applied For ☐ Not Applicable
APPLIED FOR

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 the current year intangible Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

BELOFF, JONATHAN D
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 FL 85 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DPT	☐ DELETE	1.1 TITLE	DPST	☒ Change ☐ Addition
NAME	BELOFF, ARTHUR		1.2 NAME	BELOFF, ARTHUR	
STREET ADDRESS	6525 ALLISON ROAD		1.3 STREET ADDRESS	61 CURLEW ROAD	
CITY-ST-ZIP	MIAMI BEACH FL 33141		1.4 CITY-ST-ZIP	MANALAPAN, FL 33462	
TITLE	DS	☒ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	BELOFF, JONATHAN D		2.2 NAME		
STREET ADDRESS	6525 ALLISON ROAD		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH FL 33141		2.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	EVANS, SUSAN		3.2 NAME		
STREET ADDRESS	6525 ALLISON ROAD		3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH FL 33141		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

03/17/18

03-01-99 90149 031 $150.00

CR2E034 (11/98)

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, with all other like empowered.

SIGNATURE: SIGNED Arthur L. Beloff 2/3/99 561 810 3510
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #