PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS Apr 19, 1999 8:00 am Secretary of State 04-19-1999 90018 037 ***150.00

FILED

DOCUMENT # P97000026973

1. Corporation Name

JOSEPH'S BAGELS & ITALIAN DELI, INC.



Principal Place of Business Mailing Address 3231-A TAMIAMI TRAIL 3231-A TAMIAMI TRAIL PORT CHARLOTTE FL 33952 PORT CHARLOTTE FL 33952 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 03/21/1997 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 65-0710030 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 28 Trust Fund Contribution Added to Fees 23 Country Country Zip This corporation owes the current year Intangible □No 30 Personal Property Tax. 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name PITTA, JOSEPH A Street Address (P.O. Box Number is Not Acceptable) 82 3231-A TAMIAMI TRAIL PORT CHARLOTTE FL 33952 83 Zip Code 84 City 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 Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. ☐ Change ☐ DELETE 11 DT F TITLE

PITTA, JOSEPH A 1.2 NAME NAME 30780 WASHINGTON LOOP RD 1.3 STREET ADDRESS STREET ADDRESS **PUNTA GORDA FL 33982** CITY-ST-ZIP 1.4 CITY-ST-ZIP Addition DELETE Change 2.1 TITLE TITLE PITTA, LINDA D 2.2 NAME NAME 30780 WASHINGTON LOOP RD 2.3 STREET ADDRESS STREET ADDRESS **PUNTA GORDA FL 33982** 2.4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change [] DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE 4.1 TITLE TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRE CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change [7] Addition 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition DELETE 6.1 TITLE ☐ Change TILE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 64 CITY-ST-7IP 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 of the receiver or truster empowered to execute this report as nequired 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. Block 12 or Block 13 if changed,

SIGNATURE:

CR2E034 (11/98)