Apr 28, 1999 8:00 am Secretary of State

04-28-1999 90024 018 ***150.00

FILE NOW: FILING FEE AFTER MAY 1ST 13 \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000076669

1. Corporation Name

MAX'S BAGEL-N-BEAN CO., INC.

Principal Place of Business Mailing Address											
3319 SE FELERAL HWY 849 S. FEDERAL HWY. STUART FL 34997 STUART FL 34994 US)	DO NOT	WRITE IN THI	S SPACE	
US							3. Date I	r corporated or Qua	lifed		
								4/1997			
2 Data da - Ol		2a. Mailing Address					4. FEI No				Applied For
							65-0778672				Not Applicable
21 26 Suite, Apt. #, etc. Suite, Apt. #,							03.0	\$8.75 Additions			
22 Suite, Apt.	#, etc.	27 Suite, Apt. #, etc.	27				5. Certificate of Status Desired				
City & S:ate	9	City & State	City & State				6. Election Campaign Financing \$5.00 May Be				
23	_	28					Trust I	Fund Contribution		Adde	d to Fees
Zip	Country	Zip	Cou	ıntry	4		8. This c	crporation owes the	current year I		
24	25	29	30				nal Property Tax.		Yes	[XNo	
	9. Name and Add ess of Curre	nt Registered Agent					10. Name	and Address of N	lew Registere	d Agent	
				81	Na	me					
HILL,	, vaughn			82			(D.O. Ba	x Number is Not Ac	roontable)		
849 S. FEDERAL HWY.				02	30	eet Acui	iess (F.O. Do.	X Multiper is Not Ac	ceptable)		
STUART FL 34994				83	-						
				84	Cit	у			F	85 Zi	p Code
office cr n agent. at SIGNATURE	to the provisions of S∈ctions 607.05 egistered agent, or bo h, in the State m familiar with, and accept the oblig	e of Florida. Such change was ations of, Section 607.0505, F	authorize Iorida Stat	d by utes	the d s.	orpore tie	on's board of	Cirectors, I nereby	DATE	ointment as	registered
	Signature, typed or printed name of registered ag		17:. Registered	1 Ager	int signa	ature require	ed when reinstating	ONS/CHANGES TO		ND DIREC	TOE'S IN 12
12.		NE) DIRECTORS	1.1 T	TI C			ADDITI		<u> </u>	Chang	
TITLE	D										
NAME	HILL, VAUGHN		. 1.2 N								
STREET ADDRE 3S	849 S. FEDERAL HWY.		i		1.3 STREET ADDRESS						
CITY-ST-ZIP	STUART FL 34994			1.4 CITY-ST-ZIP						a	
TITLE	PVST	☐ DELETE	2.1 T	ITLE		ł				☐ Chang	e 🔲 Addition
NAME	HILL, VAUGHN		2.2 N	AME							
STREET ADDRESS	849 S. FEDERAL HWY.		2.3 S	TREE	T ADDF	RESS					
CITY-ST-ZIP	STUART FL 34994			2. 4 CITY-ST-ZIP							
TITLE	·	☐ DELETE	3.1 T	ITLE						Chang	e
NAME		3		3 2 NAME							
STREET ADDRESS	33		33S	3 3 STREET ADDRESS							
CITY-ST-ZIP			3.4. 0	3.4. CITY-ST-ZIP							
TITLE		☐ DELETE 4		1 TITLE					Chang	e 🗌 Addition	
NAME			4.21	AME							
STREET ADDRESS			438	TREE	ET ADD	RESS					
CITY-ST-ZIP			4,4 C	4.4 CITY-ST-ZIP							
TITLE		☐ DELETE		1 TITLE						☐ Chang	e Addition
NAME			5.2 N	AME							
STREET ADDRESS			5.3 S	TREE	T ADDR	RESS					

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 recuired 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.

54 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRE 3S

CITY-ST-7IP

TITLE

NAME

G OFFICE! OR DIRECTOR

DELETE

4/26/19

Addition