

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Aug 04, 1999 8:00 am
Secretary of State

08-04-1999 90003 035 ***555.00

**PROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # P97000078370

1. Corporation Name

ST. PETE BAGELS ACQUISITION CORP.

Principal Place of Business

**3244 44TH AVENUE NORTH
ST. PETERSBURG FL 33714**

Mailing Address

**3244 44TH AVENUE NORTH
ST. PETERSBURG FL 33714**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/10/1997

4. FEI Number

65-0784970

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 the current year
Intangible Personal Property.

☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

7043 - 4TH ST. N

City & State

ST. PETERSBURG FL

Zip

33702

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

7043 - 4TH ST. N

City & State

ST. PETERSBURG FL

Zip

33702

Country

9. Name and Address of Current Registered Agent

**CUCCARO, KURT
3244 44TH AVENUE NORTH
ST. PETERSBURG FL 33714**

10. Name and Address of New Registered Agent

81 Name

CUCCARO, KURT

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

7043 - 4TH ST. N

83

84 City

ST. PETERSBURG FL

85 Zip Code

33702

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

7-26-99

12. OFFICERS AND DIRECTORS

TITLE **DPST** ☐ DELETE

NAME **CUCCARO, KURT**

STREET ADDRESS **3244 44TH AVENUE NORTH**

CITY-ST-ZIP **ST. PETERSBURG FL 33714**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

DPST ☒ Change ☐ Addition

1.2 NAME

CUCCARO, KURT

1.3 STREET ADDRESS

7043 - 4TH ST. N

1.4 CITY-ST-ZIP

ST. PETERSBURG FL 33702

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CUCCARO, KURT **7/26/99** **727-5223371**

CR2E034 (5/99)