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

PROFIT CORPORATION ANNUAL REPORT

1998



Sandra B. Mortiram

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000087244 (4)

MAX'S BAGEL-N-BEAN CO. AT J.B., INC.

FILED May 27 1998 8:00am Secretary of State



Frincipal Flaci		waning Address		
849 S. FEDER		849 S. FEDERAL HWY.		
STUART FL 3	489	STUART FL 34994		DO NOT WRITE IN THIS SPACE
				3. Date Incorporated or Qualified
				10/09/1997
2. Principal Pi	iace of Business	2a. Mailing Address		4 FFI Number
21 1864	U.E. Jensen Bch. Blud	26 Sames As	HOOVE	65-0835958 Not Applicat
Suite, Apt	#, etc	Suite, Apt. #, etc.	11 207	\$8.75 Additional
22 Jens	#. olc en Beach, Phopeida	27		5. Certificate of Status Desired Fee Required
City & State	9	City & State		6. Election Campaign Financing \$5.00 May Be
23 349		28		Trust Fund Contribution Added to Fees
Zip	Country	Zφ	Country	8. This corporation owes or has paid the current year Intangible
24	9. Name and Address of Current	29 Pagletored Agent	30 MHRTIN	Personal Property Tax due June 30. Yes No
Lili.	L, VAUGHN	uedistaten waart	81 Name	10. Name and Address of New Registered Agent
	S. FEDERAL HWY.		11441110	
	JART FL 34994		82 Street Ac	ddress (P.O. Box Number is Not Acceptable)
Q10	JAN 1 E 04994		83	
			84 City	FL 85 Zip Code
11 Purcuant t	to the provisions of Sections 607 0500	and 607 1609 Elected State	ules, the above named or	orporation submits this statement for the purpose of changing its registere
office or re	egi ste red agent or both, in the State of	Florida, Such change was	authorized by the corpo	orporation subfillisting statement for the purpose of changing its registered ration's board of directors. I hereby accept the appointment as registered
	m tamiliar with, and accept the obligat	ons of, Section 607.0505, F	lorida Stalules.	
SIGNATURE	Signature typed or printed name of regularico espect	and the disputantle (NC)	Off: Registered Agent signature re-	quired when reinstating) DATE
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	70	DELETE	1.1 TITLE	☐ Change ☐ Additi
NAME	HILL, VAUGHN		1.2 NAME	
STREET ADDRESS	849 S. FEDERAL HWY.		1.3 STREET ADDRESS	
CITY-ST-ZIP	STUART FL 34994		1.4 CITY - ST - ZIP	
TITLE	PVST	DELFTE	2.1 TITLE	☐ Change ☐ Additi
NAME	HILL, VAUGHN		2.2 NAME	
STREET ADDRESS	849 S. FEDERAL HWY.		2.3 STREET ADDRESS	
CITY-ST-ZIP	STUART FL 34994		2 4 CITY-ST-ZIP	
TITLE		L.] DELETE	3.1 TITLE	Change Additi
NAME			3 2 NAME	
STREET ADDRESS			3 3 STREET ADDRESS	
CITY-ST-ZIP			3.4. CITY - ST - ZIP	
TITLE		L_ DELETE	4.1 TITLE	Change J Addition
NAME OTRES ADDRESS			4. 2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZiP		DELETE	4.4 CITY - \$T - ZIP	0
TITLE		LJ ottett	5.1 TITLE	Change Addition
NAME STORET ADDOLOG			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP TITLE		DELETE	5.4 CITY - ST - ZIP 6.1 TITLE	Change Addition
NAME		L.J tyricit	62 NAME	E Change E Adomic
STREET ADDRESS			63 STREET ADDRESS	
CITY-ST-ZIP				
14. Thereby ce	ertify that the information supplied with	this filing does not qualify t	6.4 CHY-ST-ZIP	in Section 119.07(3)(i), Florida Statutes. I further certify that the information
indicated o	o n th is annual report or supplemental a	innual report is true and acc	curate and that my signa	iture shall have the same legal effect as if made under oath; that I am an equired by Chapter 607, Florida Statutes; and that my name appears in
Block 12 o	r Block 13 if changed, or on an attach	Int with an address	execute ins report as re	equired by Chapter 607, nonua statutes; and that my name appears in
	//			lt