


FILED
Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90191 039 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000009902 1. Corporation Name GJM BAGEL ENTERPRISES, INC.					
Principal Place of Business 7770 W. OAKLAND PARK BLVD. STE. 100 SUNRISE FL 33351			Mailing Address 7770 W. OAKLAND PARK BLVD. STE. 100 SUNRISE FL 33351		
DO NOT WRITE IN THIS SPACE					
3. Date Incorporated or Qualified 01/30/1998					
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		4. FEI Number 65-0813605 Applied For <input type="checkbox"/> Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent SALOMONE, MICHAEL J 7770 W. OAKLAND PARK BLVD. STE. 100 SUNRISE FL 33351			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 Signature, typed or printed name of registered agent and title if applicable. (NOT if Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS TITLE D- <input checked="" type="checkbox"/> DELETE NAME SALOMONE, MICHAEL J STREET ADDRESS 7770 W. OAKLAND PARK BLVD. STE. 100 CITY-STATE-ZIP SUNRISE FL 33351			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE P. and D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME FOSBURG, GARY 1.3 STREET ADDRESS 10048 W. McNab Road 1.4 CITY-STATE-ZIP Tamarac, Florida 33321		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-STATE-ZIP			2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-STATE-ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-STATE-ZIP			3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-STATE-ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-STATE-ZIP			4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-STATE-ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-STATE-ZIP			5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-STATE-ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-STATE-ZIP			6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-STATE-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.01(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GARY FOSBURG

4/22/99

Daytime Phone #

954-724-3551

CR2E034 (11/98)