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Secretary of State

04-16-1999 90090 050 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000044946 1. Corporation Name KRONBERG BAGEL COMPANY					
Principal Place of Business 5 DEL PRADO BLVD CAPE CORAL FL 33915			Mailing Address 5 DEL PRADO BLVD CAPE CORAL FL 33915		
2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip Country 24.					
2a. Mailing Address 26. PO Box 1407 27. Suite, Apt. #, etc. 28. Findlay, Ohio 29. 45839 30. Hancock					
3. Date Incorporated or Qualified 05/15/1998					
4. FEI Number 65-0833597					
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 KRONBERG, C J 2096 MACADAMIA STREET ST JAMES CITY FL 33956			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS TITLE NAME STREET ADDRESS CITY-ST-ZIP 1. D KRONBERG, C J 2096 MACADAMIA ST ST JAMES CITY FL 33956 2. D KRONBERG, CHRISTOPHER J 5 DEL PRADO CAPE CORAL FL 33915 3. <input type="checkbox"/> DELETE 4. <input type="checkbox"/> DELETE 5. <input type="checkbox"/> DELETE 6. <input type="checkbox"/> DELETE			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/198)