

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 16, 1999 8:00 am
Secretary of State

03-16-1999 90011 025 ***150.00

DOCUMENT # S44216

1. Corporation Name

STUFF-A-BAGEL OF CAPE CORAL, INC.

Principal Place of Business

**3310 DEL PRADO BLVD
CAPE CORAL FL 33904**

Mailing Address

**R & M ACCTG. & TAX SVC., INC.
1316 S.E. 46TH LANE
CAPE CORAL FL 33904
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/08/1991

4. FEI Number

65-0264864

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 Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

**MAZZARA, ANTHONY
~~1530 SW 53RD LANE~~ 1532 SW 53 LANE
CAPE CORAL FL 33914-7491**

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PTD
MAZZARA, ANTHONY
~~1530 SW 53RD LANE~~
CAPE CORAL FL 33914-7491**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VSD
CIRRONE, PHIL
1 ORANGE ST
DEER PARK NY 11729**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ 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
☒ Change ☐ Addition
1532 SW 53rd LANE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
☐ Change ☒ Addition
**VD
MAZZARA, MARY ANN
11 SUSAN COURT
DEER PARK, NY 11729-2715**

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
☐ Change ☒ Addition
**S
MAZZARA, CRAIG
1532 SW 53 LANE
CAPE CORAL, FL 33914-7491**

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
☐ Change ☐ Addition

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: **ANTHONY MAZZARA** 2-26-99 941-542-0890

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)

0440174