SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Morthani ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS **DOCUMENT** # (5)ORLANDO BAGEL FACTORY, INC. Principal Place of Business Mailing Address 7600 DR PHILLIPS BLVD 4629 36TH STREET SUITE 108 STE. 500 ORLANDO FL 32819 ORLANDO FL 32811 3. Date Incorporated or Qualified 3a. Date of Last Report 08/08/1991 09/11/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 59-3080872 Not Applicable Suite Apt # etc Suite, Apt. #, etc \$8.75 Additional 22 5. Certificate of Status Desired 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees Ζφ Country 2mCountry 8. This corporation has liability for intang-ble tax under s 199.032
Florida Statutes Yes No 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name WINTHROP, MARC D. 6493 PICCADILLY LN Street Address (P.O. Box Number is Not Acceptable) ORLANDO FL 32811-4997 83 84 City Zip Code 11. Pursuant to the provisions of Sections 607,0502 and 6)7,1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607,0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and site if any licable [A!t (NOTE: Beginning Agenting raparate required when remutating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (36/8)TITLE DELETE 1 1 TITLE CEO Change Addition NAME WINTHORP, MARC D 1.2 NAME STREET ADDRESS 4629 36TH ST., STE. 500 1.3 STREET ADDRESS CITY - ST - ZIP ORLANDO FL 32811 14 CITY - ST - ZIP TITLE DELETE 2.1 THEE Change Addition NAME COHEN, BRAD E. 2.2 NAME 6440 METROWEST BLVD., STE. 421 STREET ADDRESS 2 3 STREET ADDRESS CITY - ST - ZIP ORLANDO FL 32835 2 4 CiTY - ST - 2iP TITLE Drevet Richa DELETE 3.1 DELE Change Addition NAME DREUET, RICHARD H 3.2 NAME STREET ADDRESS 4629 36TH STREET STE. 500 3.3 STREET ADDRESS ORLANDO FL 32811 DITY-ST-ZIP 3.4 CITY - ST - ZIP TITLE DELETE 4 I THILE Change Addition NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4.4 CITY - ST - ZIP TITLE DELETE 5 1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5 3 STREET ADDRESS CITY - ST - ZIP 5 4 CITY - ST - ZIP TITLE DELETE 61 THE Change Addition 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6 4 CHTY - ST - ZIP 14. I do hereby certify that the information supplied with this firing is voluntarily formished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes 1 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 1 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or or an attachment with an address. AMPED NAME OF SIGNING OFFICER OR DIRECTOR WINTHROP (EO \$6/96 407-849-00) 3 SIGNATURE: