

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # V51921 (7)

1. Corporation Name

PRINCESS BAGEL KING, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 24 PM 2:11

Principal Place of Business 109 SANDY OAK PLACE LONGWOOD FL 32779	Mailing Address 109 SANDY OAK PLACE LONGWOOD FL 32779
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DO NOT WRITE IN THIS SPACE.

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		3. Date Incorporated or Qualified 07/15/1992		3a. Date of Last Report 06/28/1994	
4. FEI Number 59-3143430		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	
7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No							

9. Name and Address of Current Registered Agent PEROTTA, THERESA 109 SANDY OAK PLACE LONGWOOD FL 32779				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			
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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				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	VP	1.1 TITLE	VP	☒ Change ☐ Addition			
NAME	PERROTTA, FRANK A	1.2 NAME	PERROTTA, FRANK A				
STREET ADDRESS	109 SANDY OAKS PL	1.3 STREET ADDRESS	109 Sandy Oaks Place				
CITY - ST - ZIP	LONGWOOD FL	1.4 CITY - ST - ZIP	Longwood, FLA 32779				
TITLE	D	2.1 TITLE	PRESIDENT	☐ Change ☒ Addition			
NAME	OWNBY, DONNAMARIE	2.2 NAME	PERROTTA, THERESA				
STREET ADDRESS	109 SANDY OAK PLACE	2.3 STREET ADDRESS	109 SANDY OAKS PL				
CITY - ST - ZIP	LONGWOOD FL	2.4 CITY - ST - ZIP	Longwood, FL 32779				
TITLE	D	3.1 TITLE		☐ Change ☐ Addition			
NAME	LEMLIN, FRANCINE	3.2 NAME					
STREET ADDRESS	109 SANDY OAK PLACE	3.3 STREET ADDRESS					
CITY - ST - ZIP	LONGWOOD FL	3.4 CITY - ST - ZIP					
TITLE	D	4.1 TITLE		☐ Change ☐ Addition			
NAME	TOURNOUR, LUCILLE	4.2 NAME					
STREET ADDRESS	109 SANDY OAK PLACE	4.3 STREET ADDRESS					
CITY - ST - ZIP	LONGWOOD FL	4.4 CITY - ST - ZIP					
TITLE	D	5.1 TITLE		☐ Change ☐ Addition			
NAME	RECKSIEDLER, TINAMARIE	5.2 NAME					
STREET ADDRESS	109 SANDY OAK PLACE	5.3 STREET ADDRESS					
CITY - ST - ZIP	LONGWOOD FL	5.4 CITY - ST - ZIP					
TITLE	VP	6.1 TITLE		☐ Change ☐ Addition			
NAME	PERROTTA, TINA	6.2 NAME					
STREET ADDRESS	109 SANDY OAKS PL	6.3 STREET ADDRESS					
CITY - ST - ZIP	LONGWOOD FL	6.4 CITY - ST - ZIP					

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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.

SIGNATURE:

Donnamarie Ownby

1-18-95

407889012

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(Typed Name)