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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #V51921 1. Corporation Name

PRINCESS BAGEL KING, INC.

Principal Place of Business	Mailing Address
109 SANDY OAK PLACE LONGWOOD FL 32779	109 SANDY OAK PLACE LONGWOOD FL 32779

FILED Feb 06, 1999 8:00am **Secretary of State**

02-06-1999 90017 004 ***150.00



Principal Place of Business	Mailing Address			I (Mail Atthor Site (1910 (6)) a (1917 (199) 6) and	.e., 4:2:: 2:2:: 4:5:	
SANDY OAK PLACE 109 SANDY OAK PLACE						
IGWOOD FL 32779 LONGWOOD FL 32779		DO NOT WRITE IN THIS SPACE				
				3. Date Incorporated or Qualifed		
				07/15/1992		
	2a. Mailing Address			4. FEI Number	A	pplied For
2. Principal Place of Business	26			59-3143430	N	ot Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired		Additional
–	27			5. Certificate of Status Desired		equired
City & State	City & State			6. Election Campaign Financing		May Be
23	28			Trust Fund Contribution		to Fees
Zip Country	Zip	Country	/	8. This corporation owes the current year	Intangible Yes	□No
24 25	29	30		Personal Property Tax.		
9. Name and Address of	Current Registered Agent	81	Nome	10. Name and Address of New Register	on whom	
OFFICE PURPLE	S	81	1			
PEROTTA, THERESA 109 SANDY OAK PLACE		82	Street Addr	ress (P.O. Box Number is Not Acceptable)		
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LONGWOOD FL 32779	* .* . 1 ·	83	'	· · · · · · · · · · · · · · · · · · ·		HEILE
	•	84	City		85 Zip	Code
and the second of Processes and Address	30 960 Mile 44.			T is the state and for the gumost	of changing if	s registered
agent. I am familiar with, and accept the	e obligations of, Section 607.0505, Fl	orida Statutes	S.	poration submits this statement for the purpose on's board of directors. I hereby accept the ar		egistered
agent. I am familiar with, and accept the SIGNATURE Signature, typed or printed name of registers.	e obligations of, Section 607.0505, Fl	orida Statutes	S.	ad when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS	AND DIRECT	ORS IN 12
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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.