

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Jun 04 1997 8:00am  
Secretary of State

DOCUMENT # V55061 (8)

1. Corporation Name  
BEST EATING BAGELS, INC.

Principal Place of Business  
8810-5 BAYMEADOWS RD.  
JACKSONVILLE FL 32256

Mailing Address  
8810-5 BAYMEADOWS RD.  
JACKSONVILLE FL 32256-7809



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/29/1992	3a. Date of Last Report 05/01/1996
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-3139223	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

DEAL, KEITH M.  
9550 REGENCY SQUARE BLVD.  
2-1115, BARNETT REGENCY TOWER  
JACKSONVILLE FL 32225

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

*Teri L Gasaway*  
Signature, typed or printed name of registered agent and title if applicable

P.D. Teri L Gasaway April 30<sup>th</sup> 97  
(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GASAWAY, TERI L.	1.2 NAME	
STREET ADDRESS	11771 COASTAL LN.	1.3 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE FL	1.4 CITY - ST - ZIP	
TITLE	VTS	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAJI, MAYSARA F.	2.2 NAME	
STREET ADDRESS	11771 COASTAL LN	2.3 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE FL	2.4 CITY - ST - ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAJI, MAYSARA F.	3.2 NAME	
STREET ADDRESS	11771 COASTAL LN	3.3 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE FL	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do 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 from an attachment with an affidavit.

SIGNATURE:

*Teri L Gasaway*  
Teri L Gasaway

April 30<sup>th</sup> 904 642-3231

CR2E034 (9/96)