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 Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90135 043 ***150.00

DOCUMENT # V59139

Corporation Name

FAMILY	BAGEL, INC.	·						
Principal P ace of Business Mailing Address						1 / 0 014 0 F1001 021740 10404 F1000 11110 4051 01		HII BIBIH BIBIH HUB!
2124 SW 34TH STREET GAINESVILLE: FL 32608 US 2124 SW 34TH STREET GAINESVILLE FL 32608 US 2124 SW 34TH STREET GAINESVILLE FL 32608 US						DO NOT WRITE IN T	IS SPACE	•
00		00				3. Date Incorporated or Qualifed	-	·
						08/20/1992		
2. Principal P	Place of Business	2a. Mailing Address				4. FEI Number		Applied For
21		26				59-3139620		Not Applicable
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired		5 Additional Required
City & 5 tar	te	City & State				6. Election Campaign Financing	\$5.0	0 May Be
23		28				Trust Fund Contribution	Adde	ed to Fees
Zip 24	Country 25	Zip 29	Coun	ountry		This corporation owes the current year Personal Property Tax.	Intangible Yes	
	9. Name and Address of Curre	nt Registered Agent				10. Name and Address of New Register	ed Agent	
	IOURI OAVIAOND			81	Name			
HILL, JOHN RAYMOND			-	82	Street Add	Iress (P.O. Bo: Number is Not Acceptable)	-	
	4 SW 34TH STREET		L					
GAINESVILLE FL 32608				83				
				84 City			85 Z	ip Code
SIGNATUFE 12.	Signature, typed or printed its me of registered ag	en and title if applicable. (NO	1E: Registered A	Agent s	signature req iin	ed when reinstating) DATE ADDITEDNS/CHANGES TO OFFICERS	AND DIREC	TORS IN 12
TITLE	D	☐ DELETE	1.5 TITL	LE			Chang	ge
NAME	HILL, JOHN RAYMOND		1 2 NAM	12 NAME 13 STREET ADDRESS				•
STREET ADDRESS	1		13 STR					
CITY- \$T-ZIP	GAINESVILLE FL		1.4 CITY		ZIP			
TITLE	D	☐ DELETE	2,1 TITL				Chang	ge
NAME	HILL, NGA MONIQUE		2.2 NAN					
STREET ADDRESS	· · · · · · · · · · · · · · · · · · ·				DORESS			
CITY-ST-ZIP	GAINESVILLE FL	DELETE	2. 4 CIT		ZIP		Chan	ge
TITLE		☐ DELETE					_ Onen	ge
NAME			3.2 NAM		ADDRESS			
STREET ADDRESS								
TITLE		☐ DELETE	3.4 CIT 4.1 TITL		- 217		Chang	ge
NAME			4, 2 NA					_
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP	"		4.4 CIT					
TITLE		☐ DELETE	5.1 TITL				Chang	ge Addition
NAME			5 2 NAN		ļ			
STREET ADDRESS			5.3 STR	REETA	ADDRESS	•		
CITY-ST-ZIP			5.4 CIT	Y-ST-Z	ZIP			
TITLE		☐ DELETE	6.1 TITL	LE			Chang	ge Addition
NAME			6 2 NAA	ME				
STREET ADDRESS			6.3 STR	REET A	ADDRESS			
			0.400		i			

6.4 CITY-ST-ZIP

14. I hereity certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.0 (3)(i), Florida Statutes. I further pertify 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:

GIGNATURE AND TYPED OR PRINTED NAM

Il John R. Hill

4/25/39 Date 352-372 -7006

Daylime Phone #

CR2E034 (11/98)