

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

CORPORATION ANNUAL REPORT 1995	 FLORIDA DEPARTMENT OF STATE Sandra B. Matheson Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 696576 (8)

1. Corporation Name
56TH ST. SUBWAY, INC.

Principal Place of Business	Mailing Address
8840 NO 56 STR TEMPLE TERRACE FL 33617 US	2010 ALDER WAY BRANDON FL 33510-2202 US

2. Principal Place of Business	2a. Mailing Address
21 State Apt # etc	26 State Apt # etc
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country

9. Name and Address of Current Registered Agent

KHAN, MASOOD K.
2010 ALDERWAY DR.
BRANDON FL 33511

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 07/29/1981	3a. Date of Last Report 05/01/1994
4. FEI Number 59-2108720	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
8. This corporation has liability for intangible tax under S. 199.032 Florida Statutes. ☐ Yes ☐ No	

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 607.05(2) 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 607.0405, Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1. TITLE	☐ Change ☐ Addition
NAME	KHAN, MASOOD K.	2. NAME	
STREET ADDRESS	2010 ALDERWAY DR.	3. STREET ADDRESS	
CITY & STATE	BRANDON FL	4. CITY & STATE	
TITLE	ST	5. TITLE	☐ Change ☐ Addition
NAME	KHAN, NANCY C.	6. NAME	
STREET ADDRESS	2010 ALDERWAY DRIVE.	7. STREET ADDRESS	
CITY & STATE	BRANDON FL	8. CITY & STATE	
TITLE		9. TITLE	☐ Change ☐ Addition
NAME		10. NAME	
STREET ADDRESS		11. STREET ADDRESS	
CITY & STATE		12. CITY & STATE	
TITLE		13. TITLE	☐ Change ☐ Addition
NAME		14. NAME	
STREET ADDRESS		15. STREET ADDRESS	
CITY & STATE		16. CITY & STATE	
TITLE		17. TITLE	☐ Change ☐ Addition
NAME		18. NAME	
STREET ADDRESS		19. STREET ADDRESS	
CITY & STATE		20. CITY & STATE	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 119.07(1)(b) Florida Statutes. I have verified that the information is true and correct, and that the corporation shall have the same benefits. I, the undersigned, certify that the information is true and correct, and that the corporation shall have the same benefits. I, the undersigned, certify that the information is true and correct, and that the corporation shall have the same benefits. I, the undersigned, certify that the information is true and correct, and that the corporation shall have the same benefits.

SIGNATURE: _____ **4/28/95 (813) 972-3533**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR