

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

(0)

SUBWAY #733, INC.

Mailing Address

8625 N.W. 57TH COURT
CORAL SPRINGS FL 33067

2a. Mailing Address

26 Suite, Apt. #, etc.

27. City & State

28	Zip	Country
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30

9. Name and Address of Current Registered Agent

81	Name
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82	Street Address (P.O. Box Number is Not Acceptable)
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83

84	City
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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 607.0506, Florida Statutes.

SIGNATURE

Significant differences are indicated by different letters in the same row.

U.S. 11-11311 for the American People's Committee on the Holocaust

[16] H.

12. OFFICERS AND DIRECTORS

TIME	PD	☐ DELETE
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NAME	SERABIAN, CHARLES B.
STREET ADDRESS	11950 NW 6 ST
CITY - ST - ZIP	PLANTATION FL

11/1/2017 10:10:10 AM [View Full Report](#) [Print Report](#) [Delete Report](#)

NAME	ABBOTT, ARGYLE C.
STREET ADDRESS	8625 N.W. 57TH COURT
CITY - ST - ZIP	CORAL SPRINGS FL

TITLE	DATE

NAME	
STREET ADDRESS	
CITY - STATE	

TIME □ 96516

NAME _____
STREET ADDRESS _____
CITY, STATE _____

[illegible]

STREIF AND PRESS
CITY, STATE

TITLE

NAME _____
STREET ADDRESS _____
CITY, STATE _____

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 119.07(3)(a), 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 a corporation or the receiver or trustee empowered to execute this report as required by Chapter 689, Florida Statutes, and that my name appears in Block 12 or Block 13 if applicable, or on an exhibit filed with my affidavit.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[9]

6. $\{x_1, x_2, x_3, x_4, x_5, x_6, x_7, x_8, x_9, x_{10}\}$

CR2E034 (12/95)