

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **J18040 (2)**

1. Corporation Name
SUBWAY 1456, INC. C/O MARVIN SAGER 1456 INC.



Principal Place of Business: **13637 NW 7 AVE NORTH MIAMI BEACH FL 33168 US**
Mailing Address: **4160 SW 149 TERRACE MIRAMAR FL 33027 US**

3. Date Incorporated or Qualified: **06/02/1986**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **59-2675974**
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

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent

**SAGER, MARVIN
4160 SW 149 TERRACE

MIRAMAR FL 33027**

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

Signature of the individual named as registered agent of the corporation

Signature of the individual named as registered agent of the corporation

Date

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SAGER, MARVIN	1.2 NAME	
STREET ADDRESS	4160 SW 149 TERR	1.3 STREET ADDRESS	
CITY-STATE-ZIP	MIRAMAR FL	1.4 CITY-STATE-ZIP	33027 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SAGER, STEVEN	2.2 NAME	SAGER, STEVEN
STREET ADDRESS	625 HARMON COVE TOWERS	2.3 STREET ADDRESS	831 HARMON COVE TOWERS
CITY-STATE-ZIP	SECAUCUS NJ	2.4 CITY-STATE-ZIP	07094 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GULLO, JOSEPH	3.2 NAME	
STREET ADDRESS	1847 NE 211 LANE	3.3 STREET ADDRESS	
CITY-STATE-ZIP	N MIAMI BEACH FL	3.4 CITY-STATE-ZIP	33179 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-STATE-ZIP		4.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-ZIP	

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)(k), 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.

SIGNATURE: *Marvin Sager* **MARVIN SAGER**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-16-96

(954) 704 0747
Customer Phone #

CR2E034 (12/95)