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

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

| | ANNU | PORATION AL REPORT | | | Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS | | | | Secretary of State | | | | |
|---|---------------------------|--|---|----------|---|-----------------------|--------------------------------|---------------------------------------|--|--|------------------------------|--------------|-----------|
| [1. | Corporation | MENT # Name SUBWAY (| 0.00.0 | | (1) | | | | | | | | |
| | | ······································ | | | | | | | | | | | |
| Principal Place of Business Mailing Address | | | | | | | | | | Albu Albu Al | BET BIRLI WIRT | AIBII IBBI | |
| | 1833 WELLING PALM BCH. | | | | 833 WELLINGTON TRAC PALM BCH: FL 33414-8 | | | | ** | | | | |
| | | | | | | | | | Date Incorporated or Qualified 06/16/1986 | | e of Last R 2/1996 | eport | |
| | Principal Pl | ace of Busines | is | 2a. | Mailing Address | | | | 4, FEI Number | | | plied For | 4 |
| 21 | Suite, Apt | #, etc. | | 26 | Suite, Apt. #, etc. | | | | 59-2678662 5. Certificate of Status Desired | | \$8.75 / Fee Re | | - |
| 23 | City & State | & State | | | City & State | | | ····· | Election Campaign Financing Trust Fund Contribution | П | \$5.00 Added | May Be | - |
| 24 | Zip | 25 | | | | | intry | | 8. This corporation has liability for i | 8. This corporation has liability for intangible tax under s. 199.032, | | | |
| | | | nd Address of Current | | tered Agent | | | ··· | 10, Name and Address of New Re | gistered A | gent | | |
| | | ito, ken | | | | | 81 | Name | | | | | 1 |
| 13833 WELLINGTON TR W PALM BCH FL 33414 | | | | | | | 82 | Street Add | eet Address (P.O. Box Number is Not Acceptable) | | | | |
| | WP | ALM BUH FL | . 33414 | | | | 83 | | | | | | 4 |
| | | | | | | | | · · · · · · · · · · · · · · · · · · · | | | | | |
| | | | | | | | 84 | City | | FL | 1 1 | Code | |
| 11 | , Pursuant t | o the provision | s of Sections 607.0502 | and 6 | 07.1508, Florida Statute | es, the a | bove | -named cor | poration submits this statement for the pation's board of directors. I hereby accept | urpose of | changing it | s registered | - |
| | agent. I ar | agistered ager ni familiar with, | it, or both, in the state, and accept the obliga | tions o | da. Such change was a f, Section 607.0505, Flo | orida Sta | tutes | the corpora | ation's board or directors. I hereby accept | ne appo | inimeni as | registered | |
| | GNATURE: | | χ/χ | | | | | | | 426 | 187 | | |
| 12 | | Signature, lysed or | profestion of registered ager OF FICERS AND | | | Registere | d Age | nt signature requ | ired when reinstating) ADDITIONS/CHANGES TO OFFICE | DATE / | DIRECTOR | S IN 12 | ا ا |
| 111 | | PD | | | DELETE | | 1.1 TITLE | | 7.55111510751741425 75 61112 | LIIO VIIID | Change | Addition | |
| . NA | ME | VULCANO, MICHAEL | | | | 1.21 | 1.2 NAME | | | | | | 3 |
| SI | REET ADDRESS | | | | | 1.3 9 | 1.3 STREET ADDRESS | | | | | | Ì |
| | Y-ST-ZIP | | | | | _ | 1.4 CITY-ST-ZIP | | · · · · · · · · · · · · · · · · · · · | | | | j |
| TIT | 1 | SD PORTO KENNETH | | ☐ DELETE | | L | 2.1 TITLE | | | , | Change | ☐ Addition | 1 |
| NA CY | 1 | PORTO, KENNETH 2737 YARMOUTH DR. | | | | - | 2.2 NAME 2.3 STREET ADDRESS | | | | | | |
| ľ | REET ADDRESS IY-S1-ZIP | | M BEACH FL | | | | ., | ADDRESS IT-ZIP | | | | | |
| TIT | | D | W OD TOTT L | | DELETE | 3.1 1 | | 1-11 | | | Change | Addition | ; |
| | ME | PORTO, DA | AVID | | - | 3.2 N | | | | • | | | |
| SII | REET ADORESS | 2659 YARN | iouth dr | | | 3.3 8 | TREET | address | | | | | |
| CII | IY-ST-ZiP | WEST PAL | M BEACH FL | | | 34. | CITY - S | IT-ZIP | | | | | |
| Ţij | 1 | | | | DELETE | | 4.1 TITLE | | | | Change | Addition | ١ |
| | ME | | | | | | 4. 2 NAME | | | | | | |
| ì | HEET ADDRESS | | | | | | 4.3 STREET ADDRESS | | | | | | 1 |
| | IY-ST-2)P | i7- 2iP | | | ☐ DELETE | | 4.4 CITY-ST-ZIP 5.1 TITLE | | | | Change | Addition | \forall |
| | TITLE | | | | | 5.1 TILLE 5.2 NAME | | Į | | 1 | - ounding | L. AUGMON | ` |
| | REET ADDRESS | | | | | L | | ADDRESS | | | | | |
| ł | TY-ST-7IP | | | | | - 8 | ITY-S | ł | | | | | |
| Till | | | | | ☐ DELETE | 6.1 1 | | | | | Change | Addition | ij |
| NA | ME } | | | | | 6.2 N | AME | J | | | | | |
| S1: | REET ADDRESS | | | | | 635 | TAFFT | ADDRESS | | | | | 1 |

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 or on an attachment with an address.

6.4 CITY-ST-ZIP

SIGNATURE:

FILED

May 06 1997 8:00am