FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
Division of Corporations

APPROVED AND FILED

DOCUMENT # **J32654** **(2)**

1. Corporate Name
DIPASQUA SUBWAY NO 748, INC.

Principal Place of Business
1951 ALOMA AVE
WINTER PARK FL 32792
US

Mailing Address
167 LOOKOUT PLACE
MAITLAND FL 32751

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **09/10/1986**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite Apt. # — 22 — 27
City & State — 23 — 28
Zip — 24 — Country 25 — Zip 29 — Country 30

4. FEI Number: **59-2709103** — 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. Does corporation has labels to comply to under S. 199.032 Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
DIPAQUA ENTREPRISES
167 LOOKOUT PLACE
MAITLAND FL 32751

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 607.0505 and 607.1508, Florida Statutes, the above named corporation submits the 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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1	
TITLE	PD	TITLE	☐ Change ☐ Addition
NAME	DIPASQUA, LUCY	NAME	
STREET ADDRESS	167 LOOKOUT PLACE	STREET ADDRESS	
CITY, ST, ZIP	MAITLAND FL	CITY, ST, ZIP	
TITLE	VTD	TITLE	☐ Change ☐ Addition
NAME	DIPASQUA, PETER JR	NAME	
STREET ADDRESS	167 LOOKOUT PLACE	STREET ADDRESS	
CITY, ST, ZIP	MAITLAND FL	CITY, ST, ZIP	
TITLE	VD	TITLE	☐ Change ☐ Addition
NAME	GANSSLE, JEFF	NAME	
STREET ADDRESS	167 LOOKOUT PLACE	STREET ADDRESS	
CITY, ST, ZIP	MAITLAND FL	CITY, ST, ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY, ST, ZIP		CITY, ST, ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY, ST, ZIP		CITY, ST, ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY, ST, ZIP		CITY, ST, ZIP	

14. I hereby certify that the information supplied with this filing, as amended and deemed correct, qualify for the exemption stated in Section 119.07(3)(y), 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 above, or I am a designated agent with an address.

SIGNATURE: Lucy DiPasqua
SIGNATURE AND/OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0041903 CP