

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sanora B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **J51174** (7)

1. Corporation Name
SUBWAY 1578, INC.



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

3. Date Incorporated or Qualified: **01/05/1987**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **59-2749471**
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
Suite, Apt. #, etc.
City & State
Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SAGER, MARVIN
4160 SW 149 TERRACE
MIRAMAR FL 33027**

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: _____ DATE: _____
Signature typed or printed name of registered agent (if not a director) (607.0505, Florida Statutes) (607.1508, Florida Statutes)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--|---|---|
| TITLE | D <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | GULLO, JOSEPH | 1.2 NAME | |
| STREET ADDRESS | 1847 NE 211 LANE | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | N MIAMI BEACH FL | 1.4 CITY-ST-ZIP | 33179 |
| TITLE | D <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | GALLET, ROBERT | 2.2 NAME | |
| STREET ADDRESS | 1714 NE 142 ST | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | NORTH MIAMI FL | 2.4 CITY-ST-ZIP | 33181 |
| TITLE | D <input type="checkbox"/> DELETE | 3.1 TITLE | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | SAGER, STEVEN | 3.2 NAME | |
| STREET ADDRESS | 625 HARMON COVE TOWERS | 3.3 STREET ADDRESS | 831 HARMON COVE TOWERS |
| CITY-ST-ZIP | SEACAUCUS NJ | 3.4 CITY-ST-ZIP | 07094 |
| TITLE | D <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | SAGER, MARVIN | 4.2 NAME | |
| STREET ADDRESS | 4160 SW 149 TERR | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | MIRAMAR FL | 4.4 CITY-ST-ZIP | 33027 |
| 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-ST-ZIP | | 5.4 CITY-ST-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-ST-ZIP | | 6.4 CITY-ST-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** 4-16-96 (954) 704 0747
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)