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**May 05, 1999 8:00 am**  
**Secretary of State**

05-05-1999 90210 039 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **L44837**

1. Corporation Name  
**D&R SUBWAY, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business: % MIGUEL H. ORTIZ. SR. 3813 NORTHDAL BLVD. TAMPA FL 33624 US  
 Mailing Address: % MIGUEL H. ORTIZ. SR. 3813 NORTHDAL BLVD. TAMPA FL 33624 US

3. Date Incorporated or Qualified: **01/19/1990**  
 4. FEI Number: **59-2992542**  
 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 owes the current year Intangible Personal Property Tax:  Yes  No

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, City, State, Zip, and Country.

9. Name and Address of Current Registered Agent  
**ORTIZ, MIGUEL H., SR.**  
**13604 S. VILLAGE DR.**  
**TAMPA FL 33624**

10. Name and Address of New Registered Agent (81-85)  
 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 and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS  
 TITLE: **P**  DELETE  
 NAME: **ORTIZ, MIGUEL H., SR.**  
 STREET ADDRESS: **3813 NORTHDAL BLVD.**  
 CITY-ST-ZIP: **TAMPA FL 33624**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
 1.1 TITLE: **President**  Change  Addition  
 1.2 NAME: **Idalia M. Schauf**  
 1.3 STREET ADDRESS: **19340 Garden Quilt Cir**  
 1.4 CITY-ST-ZIP: **Lutz Fl. 33549**

14. I 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, with all other like empowered.

SIGNATURE: **X [Signature]**  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 Date: **X 07-16-99** Daytime Phone #: **X 813-264-2510**

CR2E034 (1/98)