FILED Apr 16, 1999 8:00 am Secretary of State

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CORPORATION	
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ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

28 2720-8 South Dixie Huy

DOCUMENT # 1. Corporation Name	S43494
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2. Principal Place of Business 21 2720-B South Dixie Huy

2271 SUBWAY, INC.

Principal Place of Business 2775 SW 28 TERR

INSIDE SHELL STATION MIAMI FL 33133

22

.Zip

Mailing Address

702 NE 95 ST MIAMI FL 33138 US

2a. Mailing Address

DO NOT WRITE IN THIS SPACE

	3. Date Incorporated or Qualifed	_		
	04/05/1991			
٦	4. FEI Number .	Applied For		
ĺ	65-0255445	Not Applicable		
		*\$8.75 Additional Fee Required		
_				

Suite, Apt. #, etc. _ City & State \$5,00 May Be B. Election Campaign Financing City & State 23 Mi ami miani Trust Fund Contribution Added to Fees Country 8. This corporation owes the current year Intangible Country_ 24 33133 33133 25 DAVE BOADE Yes □No. Personal Property Tax. 29 10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent CA

CAMP, BURR A. 702 NE 25 STREET MIAMI FL 33138	•	

81	ST FYANCES CAMP		
82	Street Address (P.O. Box Number is Not Acceptable)		
83	302 SAMPANDER	,	

33133 MIAMI 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Stalutes, 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 objigations of, Section 607.0505, Florida Statutes.

	(Trancis (ams			A011 28	s, 1999 –	1
SIGNATURE	Signature, typed or printed name of registered agent and title if policets	. (NOTE; R	gistered Agent signature	required when rematating)	DATE	
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICE		RS IN 12
TITLE	OP 7	DELETE	1.1 TITLE	DP	Change	RS IN 12
NAME	MOWRY, FRANCES CAMP		1.2 NAME	CAMP, FRANCES	•	□ Artition
STREET ADDRESS	813 NE 97 STREET		1,3 STREET ADDRESS	307 SANTANDER AV	22112	1
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP	CORAL GABLES, FL	33143	
ffilE	DST	DELETE	2.1 TITLE		Change	Addition:
NAME	CAMP, BURR A.		22 NAME			
STREET ADDRESS	702 N.E. 95 ST		2.3 STREET ADDRESS	المراجع والمراجع والمراجع		
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP			
TITLE		☐ DELETE	3.1 MILE	•	Change	☐ Addition
NAME .			3.2 NAME			\
STREET ADDRESS	,		3.3 STREET ADDRESS			Į.
CITY-ST-ZIP			3.4. CITY-ST-ZIP:			
TILE		☐ DELETE	4.1 TILE ~		Change	☐ Addition
NAME			4, 2 NAME			\
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
mle		DELETE	5.1 TITLE		Change	☐ Addition
NAME			5.2 NAME	}		j
STREET ADDRESS		į	5.3 STREET ADDRESS	<u>,</u>		1
CITY-ST-ZIP			5.4 CITY-ST-ZIP			
TITLE		DELETE	8.1 TITLE		Change	Addition
NAME			6.2 NAME	}		
STREET ADDRESS	• • •		63 STREET ADDRESS			[
CITY-ST-7P			6.4 CITY-\$T-ZIP			

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:

-		A		A	
	Simon Mill		-		
	1006 F	P4 : (%)	ンバンス		N 1 1 //
SIGNATURE	AND TYPED OR	PRINTED NA	ME OF SIGNER	3 OFFICER O	RDIRECTOR

1/21/99

305-441-2613