EFILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90091 038 ***150.00

DOCUMENT # 628371

SUBWAY #166, INC.

i							
Principal Place of Business Mailing Address				,****		1 188118 81118 81188 11111 981	'Al lib: Bibit Bibit Bibit Bibit Bibit Bibit ibibi
8625 NW 57 CT.		8625 NW 57	8625 NW 57 CT.				
CORAL SPRINGS FL 33067		CORAL SPRI	CORAL SPRINGS FL 33067			DO NOT WE!	TE IN THIS COACE
						3. Date Incorporated or Qualifed	TE IN THIS SPACE
	1					06/29/1979	
e Principal P	lace of Business	2a. Mailing	Address			4. FEI Number	Applied For
_	iace of positioss	26				59-1946970	Not Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.				\$8.75 Additional
22		27				5. Certificate of Status Desired	Fee Required
City & State		City & S	City & State			6. Election Campaign Financing	\$5.00 May Be
23		28	28			Trust Fund Contribution	Added to Fees
Zip				Country		8. This corporation owes the curr	
24	25	29	3	<u>o{</u>		Personal Property Tax.	Yes □No
	g. Name and Address of Curr	rent Registered Ag	ent		N	10. Name and Address of New F	legistered Agent
ADD	OTT ADOVI E C			81	Name	•	}
ABBOTT, ARGYLE C. 8625 NW 57 CT.				82	Street	Address (P.O. Box Number is Not Accepta	ible)
CORAL SPRINGS FL 33067				-			
COn	IAL SPRINGS PL 3300/			83			}
1				84	City ·		FI 85 Zip Code
		1007.4500	Et de Otat te	<u> </u>		to out the statement for the	· -
office or i	registered agent, or both, in the Sta	ate of Florida. Such	change was auti	norized by	the corpo	corporation submits this statement for the oration's board of directors. I hereby accep	of the appointment as registered
agent. I a	m familiar with, and accept the obl	igations of, Section	607.0505, Florid	la Statutes			į
SIGNATURE	Signature, typed or printed name of registered	egent and title of applicable	(NOTE: P	enistered Ages	d cionatura o	equired when rematating)	DATE
12.		AND DIRECTORS	(1072.11	13.	. Ognotare t		FICERS AND DIRECTORS IN 12
TIME			1.1 TITLE		B/P/S/J	Change	
NAME	···		1.2 NAME	ĺ		, .	
STREET ADDRESS	000C MIN CT OT			1.3 STREET	ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS FL			1.4 CITY-S	r-ziP		
TITLE .			☐ DELETE	2.1 TITLE	-		☐ Change ☐ Addition
NAME				2.2 NAME			
STREET ADDRESS				2.3 STREET	ADDRESS		l
CITY-ST-ZIP	,		<u> </u>	2.4 CITY-8	T-ZIP	<u> </u>	
TITLE			☐ DELETE	3.1 TITLE			☐ Change ☐ Addition
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET	ADDRESS		
CITY-ST-ZIP				3.4. CITY-S	T-ZIP		
TITLE	}		☐ DELETE	4.1 TITLE			Change Addition
NAME				4, 2 NAME			1
STREET ADDRESS				4.3 STREET	ADORESS		
CITY-ST-ZIP			<u></u>	4.4 CiTY-S	T-2)P		Clohenes Claddina
TITLE			☐ DELETE	5.1 TITLE			☐ Change ☐ Addition
NAME	}			5.2 NAME			
STREET ADDRESS	})
CITY-ST-ZIP	1 '			5.3 STREE			
l			O DELETE	5.3 STREET			Change Addition
TITLE			DELETE	5.3 \$TREE* 5.4 CITY-\$ 6.1 TITLE			☐ Change ☐ Addition
NAME STREET ADDRESS		· · · · · · · · · · · · · · · · · · ·	DELETE	5.3 STREE* 5.4 CITY-S 6.1 TITLE 6.2 NAME			☐ Change ☐ Addition

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 a other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP