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**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT #

G47454

(5)

SUBWAY OF CORAL SPRINGS, INC. Principal Place of Business Mailing Address 8625 N.W. 57TH COURT 8625 N.W. 57TH COURT CORAL SPRINGS FL 33067 CORAL SPRINGS FL 33067 3. Date Incorporated or Qualified 3a. Date of Last Report 07/06/1983 02/03/1995 2. Principal Place of Business. 2a. Mailing Address 4. FLI Number Applied For 21 26 59-2293315 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 22 5. Certificate of Status Desired 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution  $Z_{\rm IP}$ Added to Fees Country 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes X Yes No Country 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name ABBOTT, ARGYLE C. Street Address (P.O. Box Number is Not Acceptable) 82 8625 N.W. 57TH COURT **CORAL SPRINGS FL 33067** 84 City 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 familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. Signature, typed or printed name of registered agent and title if applicative (NOTE: Registered Agent signature required when recistating 12 OFFICERS AND DIRECTORS (12/95)13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE 1. 1 7ITLE Change Addition ABBOTT, ARGYLE C. NAME 1.2 NAME CR2E034 8625 N.W. 57TH COURT STREET ADDRESS 1.3 STREET ADDRESS **CORAL SPRINGS FL** CITY - ST - ZIP 1.4 CHY-ST-ZIP III E DELETE 2 1 TITLE Change nc tibbA NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-S1-ZIP 2.4 CHY-ST-76 THEF DELETE 3 1 TITLE ☐ Change ncitibbA [ NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZIP 3.4 CiTY - S1 - ZiF TITLE DELETE 4.111116 Change Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST ZIP 4.4 Cify - ST - ZiP NICLE DELETE 5 1 TITLE neitibhA [ Change NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST-7IP 5.4 CITY-ST-ZIP TITLE DELETE 6. 1 TITLE Change Addition: MAMA 6.2 NAME STREET ADDRESS 63 STREET AUDRESS  $Cl^{\top} Y + S^{\top} - 2l^{p}$ 14. I do hereby certify that the information supplied with this filling is voluntarily furnished ped 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 anal reports true and accurate and that my signature shall have the same legal effect as if made under control of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name 6.4 CITY-ST-ZIP

SIGNATURE:

D OR PRINTED NAME OF

1/30/96 305-755-6847