

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 28 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **H 49572**
1. Corporation Name
1130 SUBWAY CORP.

Principal Place of Business Mailing Address
**940 SO. MAIN ST.
BELLE GLADE, FLA,
33430**

2. Principal Place of Business 21 SAME	2a. Mailing Address 26 SAME	3. Date Incorporated or Qualified 3/28/85	3a. Date of Last Report
22 State, Apt. #, etc.	27 Suite, Apt. #, etc.	4. FEI Number 59-2548680	Applied For ☐ Not Applicable
23 City & State	28 City & State	5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
24 Zip	29 Country	6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
25	30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent MAX AUSTER 13008 MEADOWBROOK DR. WEST PALM, FLA, 33414	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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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 (Type or print name of registered agent and file if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE NAME STREET ADDRESS CITY-STATE-ZIP PREIDENT CAROL BRENT 1104 NORTH UMBELLAND CT WEST PALM BCH FLA 33414	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-STATE-ZIP
2.1 TITLE NAME STREET ADDRESS CITY-STATE-ZIP V.P. MAX AUSTER 13008 MEADOWBROOK DR. W.P.B. FLA 33414	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-STATE-ZIP
3.1 TITLE NAME STREET ADDRESS CITY-STATE-ZIP T RICHARD BRENT 1104 NORTH UMBELLAND CT. W.P.B. FL. 33414	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-STATE-ZIP
4.1 TITLE NAME STREET ADDRESS CITY-STATE-ZIP S MAX AUSTER 13008 MEADOWBROOK DR. W.P.B. FL 33414	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-STATE-ZIP
5.1 TITLE NAME STREET ADDRESS CITY-STATE-ZIP	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-STATE-ZIP
6.1 TITLE NAME STREET ADDRESS CITY-STATE-ZIP	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-STATE-ZIP

14. I do 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.

SIGNATURE: **MAX AUSTER**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date **4/23/97** Daytime Phone # **561 9960614**

CR2E034 (9/96)