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

FILED May 19 1998 8:00am **PROFIT** ELORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State **19**98 DIVISION OF CORPORATIONS DOCUMENT # H52122 WEST PALM BEACH SUBWAY CORP. Principal Place of Business Mailing Address **57 MOORE LANE** 57 MOORE LANE NORTHBOROUGH MA 01532 NORTHBORO MA 01532 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified 04/15/1985 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 59-2515680 21 Not Applicable 26 Suite, Apl. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 Country Country Zip Zio 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. Yes 9, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name VULCANO, MICHAEL A. 3 AMHERST CORT APT. C 82 Street Address (P.O. Box Number is Not Acceptable) ROYAL PALM BEACH FL 33411 83 84 City 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 Horida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE Registered Agent signature required when reinstating) Signature typed or porte freme of registered agent and the Copposable OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change 1.1 TITLE Addition TITLE VULCANO, MICHAEL A. 1.2 NAME NAME 3 AMHERST CORT, APT. C STREET ADDRESS 1.3 STREET ADDRESS ROYAL PALM BEACH FL CITY-ST-ZIP 1.4 CITY-ST-ZIP tsv DELETE Change Addition 2.1 TITLE TITLE VULCANO, MICHELE L NAME 2.2 NAME **57 MOORE LANE** 2.3 STREET ADDRESS STREET ADDRESS NORTHBOROUGH MA 2.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 3.1 TITLE Change Addition 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 34. CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 4.1 TITLE -TITLE NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 C(TY - ST - 7(P CITY-ST-ZIP DELETE Change 5.1 TITLE Addition TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - \$1 - 2IP DELETE ☐ Addition Change TITLE 6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

NAME

STREET ADDRESS CITY-ST-ZIP

14. Thereby 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 suppliemental 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.