FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 AM 9:19

DOCUMENT # H77038 (8)

1. Corporation Name
SUBWAY 735 INC.

Principal Place of Business	Mailing Address
PO BOX 1139 LOXAHATCHEE FL 33470-1139	PO BOX 1139 LOXAHATCHEE FL 33470-1139

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/20/1985
3a. Date of Last Report: 04/29/1994

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 Country — 30

4. FEI Number: 59-2583643 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

KUNZELMANN, PHILIP V.
15430 MEADOW WOOD DR
WEST PALM BEACH FL 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

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE		☒ Change ☐ Addition
NAME	KUNZELMANN, PHILIP V.	12 NAME		
STREET ADDRESS	12565 WESTHAMPTON CRCL.	13 STREET ADDRESS	15430 Meadow Wood Dr	
CITY-ST-ZIP	WEST PALM BEACH FL	14 CITY-ST-ZIP	WPB FL 33414	
TITLE	DS	21 TITLE		☒ Change ☐ Addition
NAME	KUNZELMANN, CHRISTINA A.	22 NAME		
STREET ADDRESS	12565 WESTHAMPTON CRCL.	23 STREET ADDRESS	15430 Meadow Wood Dr	
CITY-ST-ZIP	.W.PALM BCH. FL	24 CITY-ST-ZIP	WPB FL 33414	
TITLE	V	31 TITLE		☒ Change ☐ Addition
NAME	MAGAN, THOMAS	32 NAME		
STREET ADDRESS	1129 GOLDENROD DR	33 STREET ADDRESS	Delete	
CITY-ST-ZIP	WEST PALM BEACH FL	34 CITY-ST-ZIP		
TITLE	V	41 TITLE		☒ Change ☐ Addition
NAME	MAGAN, AIDA	42 NAME		
STREET ADDRESS	1129 GOLDENROD DR	43 STREET ADDRESS	Delete	
CITY-ST-ZIP	WEST PALM BCH FL	44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE	REMITTED BY MAY 1	☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Philip V. Kunzelmann 4/30/95 407-795-7777
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0430290 FP