## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT** CORPORATION ANNUAL REPORT



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

1996

J10727 **DOCUMENT #** 1. Corporation Name

(2)

SUBWAY	DEVEL	OPMENT	<b>OF</b>	TAMPA	RAV	INC
SUDITAL	ULYLL		VE	I AUVIE A	DAI:	IIIU.

									( <b>                                     </b>
Principal Place	of Business	Mailing Address				]	1001 Q1Q11 X1Q11	AIGH AIRE	1 01011 01011 (031
C/O MICHAEL J. LASALLA C/O MICHAEL J. LASALLA			L <b>A</b>						
4908 CREEKS CLEARWATER		4908 CREEKSIDE DR CLEARWATER FL 34620							
OLL THE PROPERTY OF	12 01020	OCCAMIATE TE OTOLO				3. Date Incorporated or Qualified	3a. Date		•
<b>4</b> D1 - 1 D1						04/23/1986	04	/14/19	
2. Principal Pla	ce of Business	2a. Mailing Address				4. FEI Number		$\vdash$	Applied For
Suite, Apt. #	etc	26   Suite, Apt. #, etc.				59-2664026		<b>\$9.7</b>	Not Applicable  5 Additional
22	, 616.	27				5. Certificate of Status Desired			Required
City & State		City & State				6. Election Campaign Financing		\$5.0	0 May Be
23		28	28			Trust Fund Contribution	Ш		ed to Fees
Zip	Country	Zip	Country	1		8. This corporation has liability for	intangible tax	under s	: 199.032,
24	25		30				∏ No		
	9. Name and Address of Cui	rrent Registered Agent	81	I N	ame	10. Name and Address of New I	tegisterec A	gent	<b>-</b>
LAGALLA	MICHAEL I								
LASALLA, MICHAEL J. 4908 CREEKSIDE DR			82	St	reet Addres	ss (P.O. Box Number is Not Acceptal	ole)		
	ATER FL 34620		83						-
			84	Ci	ity		FL	85 Z	ip Code
11. Pursuant to	the provisions of Sections 607.0	502 and 607.1508, Florida Statutes	, the above-	l nam	ed corporat	tion submits this statement for the pu	rpose of char	l <u>l</u> nging its	registered office
or registere familiar witi	ed agent, or both, in the State of F n, and accept the obligations of, S	lorida. Such change was authorized Section 607.0505, Florida Statutes.	by the corp	orati	ion's board	of directors. I hereby accept the app	ointment as r	egistere	d agent. I am
SIGNATURE _									
12.	Signature, typed or printed name of registered a	agent and title if applicable (NOTE  AND DIRECTORS	: Ragistered Age	ni sign	iature required v	when reinstating) ADDITIONS/CHANGES TO OFF	DATE DEDO AND	DIDECT	ODS IN 12
TITLE	PD	DELETE	1. 1 TITLE			ADDITIONS OF ANOLO TO OF		Change	Addition
NAME	LASALLA, MICHAEL J.		1.2 NAME				_	, ,	
STREET ADDRESS	4908 CREEKSIDE DR		1.3 STREET	ADDA	RESS				
CITY-ST-ZIP	CLEARWATER FL		1.4 CHTY-5	ST - ZIF	P				
TITLE		DELETE	2.1 TITLE					Change	☐ Addition
NAME			2.2 NAME						
STREET ADDRESS			23 STREET	ADDE	RESS				
CITY - ST - ZIP			2 4 CITY - S	ST - ZIF	م	•			
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NAME			3.2 NAME						
STREET ADDRESS			3.3 STREE	GGA T	RESS				
CITY-ST-ZIP	·	Filesiere	3 4 CITY - 9	51 - ZIF	>			1.0	
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NAMÉ			4.2 NAME						
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CITY-ST-ZIP TITLE		DELETE	4.4 C(TY - 5 5. 1 T(TLE	51 - ZIF	<del>'</del>		· -	Change	☐ Addition
NAME		Dettere	5.2 NAME				L	Change	Kddillon
STREET ADDRESS			5.3 STREET	YDDI	BECC				
CITY-ST-ZIP					i				
TITLE		☐ DELETE	5.4 CITY - 5 6 1 TITLE	>1 - Z IP			Γ-	Change	Addition
NAME			6.2 NAME				L	22.180	
STREET ADDRESS			6.3 STREET	ADD	RESS				
CHY-ST-ZIP			6.4 CITY - 5						
till I do haveb			0.4 CIJ1 - 3	21 - LIP		the execution stated in Castian 110	07:00 (1) Fr		

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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

- I HABIHAR BIDI HIBH ABUH KERKA KIBH KIBH BIDIK BIDIK BABH BIDIK BIDIK BIDIK BIDIK BIDIK BIDIK BIDIK BIDIK B

4/2/96 (813)573-2216