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

PROFIT CORPORATION ANNUAL REPORT

1997

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP



FLORIDA DEPARIMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J19746

(3)

SUBWAY INVESTMENTS OF HILLSBOROUGH FLORIDA, INC.

Principal Place of Business Mailing Address						į.				
7700 STARKEY SEMINOLE FL		7700 STARKEY ROAD SEMINOLE FL 33777-4307								
						3. Date Incorporated or Qualified				
2. Principal Place of Business 2a. Mailing Address				4. FEI Number				Applied For		
21 26						FO 0740440			t Applicabl	
Suite, Apt. #, etc.         Suite, Apt           22         27			pt. #, etc.			5. Certificate of Status Desired See Required Fee Required				
City & Sta	te	City & State			Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees				
Zip	Country	Zip	Cour	ntry		8. This corporation has liability for in	ntangible			
24	25	29	30	•			Yes		uci 3.	100.002,
<u></u>	9. Name and Address of Curre					10. Name and Address of New Reg				
PLE	TTA, THOMAS			81	Name					
7700 STARKEY ROAD					<del></del>					
SEMINOLE FL 34647					Street Add	ress (P.O. Box Number is Not Acceptab	le)			
OEM	MINUE IL 37071			83			<del></del>			
				-						
			[	84	City		FL	85	Zip (	Code
SIGNATURE	am familiar with, and accept the obli		,			ired when roinstaling)	DATE	· <b>-</b>		
12.		ND DIRECTORS	13.		- Brace o rado	ADDITIONS/CHANGES TO OFFIC		DIRE	CTOR	S IN 12
TITLE	PD	☐ DELETE	1.1 701	LE.				Ch	iange	☐ Additio
NAME	PLETTA, THOMAS		1.2 NAI	ME						
STREET ADDRESS	7700 STARKEY ROAD		13 STE	eECL.	ADORESS					
CITY-ST-ZIP	SEMINOLE FL		1.4 CIT							
TITLE		DELETE						☐ Ci	ange	Additio
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STREET ADDRESS					ADDRESS					
CITY-ST-ZIP			2. 4 01							
TITLE		DECETE						☐ Ch	ange	Additio
NAME			3.2 NA	Vξ						
STREET ADDRESS			3.3.516	REFT.	ADDRESS					
CITY-ST-ZIP			3.4. CF		ì					
TITLE	<u> </u>	DELETE			1-6/			Cr	ange	Additio
NAME	1		4 2 NA							
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP			4.3 STF		1					
UIIT-SI-ZIF	1		■ 4.9 UII	1-9	(-Z(F					

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.

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

DELETE

DELETE

H-11, 09 (010) 200 700

Change

Change

Addition

Addition

**FILED** 

Apr 25 1997 8:00am

Secretary of State