

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 26 AM 9:44

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # J26006

(3)

1. Corporation Name

SUBWAY CAPITAL PARTNERS, INC.

Principal Place of Business

**4808 CREEKSIDE DRIVE
CLEARWATER FL 34620**

Mailing Address

**4808 CREEKSIDE DRIVE
CLEARWATER FL 34620**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

07/24/1986

3a. Date of Last Report

05/01/1994

4. FEI Number

59-2707109

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

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**BEYER, DAVID A.
101 EAST KENNEY BLVD.
STE 2000
TAMPA FL 33602**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent Signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	LASALLA, MICHAEL J.
STREET ADDRESS	4908 CREEKSIDE DRIVE
CITY-ST-ZIP	CLEARWATER FL
TITLE	VST
NAME	REBACK, ROSS
STREET ADDRESS	6191 66TH STREET NORTH
CITY-ST-ZIP	ST. PETERSBURG FL
TITLE	D
NAME	REBACK, ROSS
STREET ADDRESS	6191 66TH STREET NORTH
CITY-ST-ZIP	ST. PETERSBURG FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☒ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	9720 Exec. Ctr. Dr. N., Suite 200
2.4 CITY-ST-ZIP	St. Petersburg FL 33702
3.1 TITLE	☒ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	9720 Exec. Ctr. Dr. N., Suite 200
3.4 CITY-ST-ZIP	St. Petersburg FL 33702
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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)(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 appear in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE:

Michael J. Lasalla

4-4-95

(813) 573-2216

Date

Signature (Typed)