
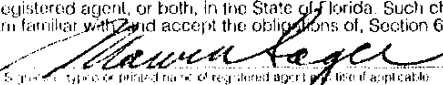
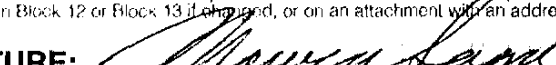


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 03 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # J51174 (7)</b> 1. Corporation Name <b>SUBWAY 1578, INC.</b>			
Principal Place of Business <b>13637 NW 7 AVE. NORTH MIAMI BEACH FL 33168 US</b>		Mailing Address <b>C/O MARVIN SAGER 4160 SW 149 TERRACE MIRAMAR FL 33027-3336 US</b>	
2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	25	Suite, Apt. #, etc.
22	<b>4160 SW 149 TER</b>	27	City & State
23	<b>MIRAMAR, FL</b>	28	Zip
24	<b>33027</b>	29	Country
25	<b>USA</b>	30	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<b>SAGER, MARTIN-MARVIN 4160 SW 149 TERRACE MIRAMAR FL 33027</b>		81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 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: <b>3-27-97</b>	
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GULLO, JOSEPH</b>	1.2 NAME	
STREET ADDRESS	<b>1847 NE 211 LANE</b>	1.3 STREET ADDRESS	
CITY- ST- ZIP	<b>N MIAMI BEACH FL</b>	1.4 CITY- ST- ZIP	
TITLE	<b>D</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GALLET, ROBERT</b>	2.2 NAME	
STREET ADDRESS	<b>1714 NE 142 ST</b>	2.3 STREET ADDRESS	
CITY- ST- ZIP	<b>NORTH MIAMI FL</b>	2.4 CITY- ST- ZIP	
TITLE	<b>D</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SAGER, STEVEN</b>	3.2 NAME	
STREET ADDRESS	<b>831 HARMON COVE TOWERS</b>	3.3 STREET ADDRESS	
CITY- ST- ZIP	<b>SEACAUCUS NJ</b>	3.4 CITY- ST- ZIP	
TITLE	<b>D</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SAGER, MARVIN</b>	4.2 NAME	
STREET ADDRESS	<b>4160 SW 149 TERR</b>	4.3 STREET ADDRESS	
CITY- ST- ZIP	<b>MIRAMAR FL</b>	4.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		6.4 CITY- ST- ZIP	
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 or 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: 		DATE: <b>3-27-97</b> (954) 433-4885	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	



CR2E034 (9/96)