

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED  
Apr 03 1997 8:00am  
Secretary of State

DOCUMENT # **K55562** (8)  
1. Corporation Name  
**SUBWAY 2671, INC.**



Principal Place of Business  
**MARVIN SAGER - SUBWAY OFC**  
**13637 NW 7 AVE**  
**NORTH MIAMI FL 33168**  
**US**

Mailing Address  
**MARVIN SAGER**  
**4160 SW 149 TERR**  
**MIRAMAR FL 33027-3336**  
**US**

3. Date Incorporated or Qualified <b>01/04/1989</b>	3a. Date of Last Report <b>04/25/1996</b>
4. FEI Number <b>65-0098622</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. <b>SUBWAY 2671</b> <b>MARVIN SAGER</b> Suite, Apt. #, etc.	26. <b>Suite, Apt. #, etc.</b>
22. <b>4160 SW 149 TERR</b> City & State	27. <b>City &amp; State</b>
23. <b>MIRAMAR, FL</b> Zip Country	28. <b>Zip Country</b>
24. <b>33027</b> 25. <b>USA</b>	29. <b>Zip</b> 30. <b>Country</b>

9. Name and Address of Current Registered Agent

**SAGER, MARVIN**  
**4160 SW 149 TERR**  
**MIRAMAR FL 33027**

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: *Marvin Sager* **MARVIN SAGER** 3-27-97  
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SAGER, MARVIN</b>	1.2 NAME	
STREET ADDRESS	<b>4160 SW 149TH TERR</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIRAMAR FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>O</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SAGER, STEVEN</b>	2.2 NAME	
STREET ADDRESS	<b>831 HARMON COVE TOWERS</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SECAUCUS NJ</b>	2.4 CITY-ST-ZIP	
TITLE	<b>O</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GULLO, JOSEPH</b>	3.2 NAME	
STREET ADDRESS	<b>1847 NE 211 LANE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>N. MIAMI BEACH FL</b>	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	<b>DIRECTOR</b>
STREET ADDRESS		4.3 STREET ADDRESS	<b>GALLETT ROBERT</b>
CITY-ST-ZIP		4.4 CITY-ST-ZIP	<b>1714 NE 142 ST.</b>
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<b>N. MIAMI BEACH, FL 33181</b>
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 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: *Marvin Sager* **MARVIN SAGER** 3-27-97 (954) 433-4885  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034 (9/96)