

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Secretary of State

APPROVED
AND
FILED

DOCUMENT # **L25584**

(8)

MAY 1 1995 9:43

DIPASQUA SUBWAY NO. 747, INC.

STATE OF FLORIDA

Principal Place of Business: 2455 HAWASSEE RD ORLANDO FL 32801 US
Mailing Address: 167 LOOKOUT PLACE MAITLAND FL 32751

(CHECK ONE IN THIS SPACE)

3. Date Incorporated or Qualified 10/25/1989	3a. Date of Last Report 05/01/1994
4. FEI Number 59-2977737	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 118.03, Florida Statutes. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Filing Period (1-12 Months) 21	2a. Mailing Address 26
22. State Agent Fee 22	27. State Agent Fee 27
23. City & State 23	28. City & State 28
24. Filing Period (1-12 Months) 24	29. Filing Period (1-12 Months) 29
25. Filing Period (1-12 Months) 25	30. Filing Period (1-12 Months) 30

9. Name and Address of Current Registered Agent DIPASQUA, PETER JR. 167 LOOKOUT PLACE MAITLAND FL 32751	10. Name and Address of New Registered Agent B1 Name B2 Street Address (P.O. Box Number is Not Acceptable) B3 B4 City FL B5 Zip Code
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11. Pursuant to the provisions of Sections 170, 171, 172, and 173, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent of public affairs of 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 provisions of Sections 170, 171, 172, Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS	13. ADDITIVES, CHANGES TO OFFICERS AND DIRECTORS (If 0)
1. NAME: DIPASQUA, LUCY 2. STREET ADDRESS: 167 LOOKOUT PLACE 3. CITY & STATE: MAITLAND FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1. NAME: DIPASQUA, PETER JR. 2. STREET ADDRESS: 167 LOOKOUT PLACE 3. CITY & STATE: MAITLAND FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1. NAME: GANSSE, JEFFREY 2. STREET ADDRESS: 167 LOOKOUT PLACE 3. CITY & STATE: MAITLAND FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1. NAME: _____ 2. STREET ADDRESS: _____ 3. CITY & STATE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1. NAME: _____ 2. STREET ADDRESS: _____ 3. CITY & STATE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1. NAME: _____ 2. STREET ADDRESS: _____ 3. CITY & STATE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1. NAME: _____ 2. STREET ADDRESS: _____ 3. CITY & STATE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing voluntarily furnished and does not qualify for the exemption stated in Section 170.03, Florida Statutes. I further certify that the information submitted on this annual report of supplemental annual report is true and accurate and that my signature shall have the same legal effect as if it is on the original filing of the corporation or the corporation's officer or authorized agent. I am authorized to receive the report and required by a holder of a Florida stock and that my name appears in the book of records of the corporation or an attachment with an address.

SIGNATURE: *Lucy Di Pasqua*
SIGNATURE OR TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR