

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

FILED
Jan 26 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L40983 (3)

1. Corporation Name
DADE CITY SUBWAY INC.



Principal Place of Business C/O FRANK MARINARO 12301 HWY. 301 SOUTH. SUBWAY DADE CITY FL 33525 US	Mailing Address 37814 TIFFANY ROAD 12301 HWY. 301 SOUTH. SUBWAY DADE CITY FL 33525 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	4. FEI Number	Applied For
21	26	01/02/1990	65-0176246	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
22	27	<input type="checkbox"/>		
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
23	28	<input type="checkbox"/>		
Zip	Country	7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30,	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
24	25	29	30	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		
MARINARO, FRANK 37814 TIFFANY RD DADE CITY FL 33525		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 _____ (NOTE: Registered Agent signature required when reinstalling) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
PD	MARINARO, FRANK	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	37814 TIFFANY RD	1.3 STREET ADDRESS	
	DADE CITY FL	1.4 CITY - ST - ZIP	
VD	MARINARO, MARY LOU	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	37814 TIFFANY RD	2.2 NAME	
	DADE CITY FL	2.3 STREET ADDRESS	
		2.4 CITY - ST - ZIP	
		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		3.2 NAME	
		3.3 STREET ADDRESS	
		3.4 CITY - ST - ZIP	
		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY - ST - ZIP	
		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY - ST - ZIP	
		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		6.2 NAME	
		6.3 STREET ADDRESS	
		6.4 CITY - ST - ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: FRANK MARINARO *Frank Marinaro 1/17/98* 352 5243314

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0365007

CR2E034 (10/97)