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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 65729 L65729			
1. Corporation Name Giant Subs of Daytona, Inc.			
Principal Place of Business 435 S. Ridgewood Ave. #210 Daytona Beach, FL 32114		Mailing Address 435 S. Ridgewood Ave. #210 Daytona Beach, FL 32114	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State Daytona Beach, FL 23 Zip Country 32114 Volusia		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State Daytona Beach, FL 28 Zip Country 32114 Volusia	
9. Name and Address of Current Registered Agent Allen M Belus 435 S. Ridgewood Ave. #210 Daytona Beach, FL 32114		10. Name and Address of New Registered Agent 81 Name Allen Barnes 82 Street Address (P.O. Box Number is Not Acceptable) 435 S. Ridgewood Ave 83 City Daytona Beach FL 85 Zip Code 32114	
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] (NOTE: Registered Agent signature required when reinstating) DATE			
12. OFFICERS AND DIRECTORS TITLE NAME STREET ADDRESS CITY-ST-ZIP Pres, V. Pres, Treas, Sec. Tony Mendes 435 S. Ridgewood Ave. #210 Daytona Beach, FL 32114 [DELETE] [DELETE] [DELETE] [DELETE] [DELETE]			
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 2.4 CITY-ST-ZIP 3.1 TITLE [Change] [Addition] 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 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 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, with all other like empowered.			

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/2/99

Date

Daytime Phone #

904-205-5454