## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS DOCUMENT # L84516 (8)SUBWAY DEVELOPMENT OF SO. FLA., INC. Principal Place of Business Mailing Address 321 E. HILLSBORO BLVD. 321 E. HILLSBORO BLVD. DEERFIELD BEACH FL 33441 DEERFIELD BEACH FL 33441 3. Date Incorporated or Qualified 3a. Date of Last Report 06/29/1990 12/01/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 65-0211937 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zφ Country 8. This corporation has liability for intangible tax under s 199.032 24 25 29 30 Florida Statutes ☐ Yes ☐ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name LEVIN, WAYNE Street Address (P.O. Box Number is Not Acceptable) 82 321 E. HILLSBORO BLVD. **DEERFIELD BEACH FL 33441** 83 84 City 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 advantage of the obligations of, Section 607.0505, Florida Statutes. SIGNATURE. Signature, typed or printed name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) DATE (12/95)12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DPST TITLE DELETE 1. 1 TITLE ☐ Change Addition LEVIN, WAYNE NAME 1.2 NAME CR2E034 321 E. HILLSBORO BLVD. STREET ADDRESS 1.3 STREET ADDRESS **DEERFIELD BEACH FL 33441** CHY ST-ZIP 14 CHTY-ST-ZIP Title DELETE 2.1 TITLE Change ☐ Addition 2.2 NAME STREET ADDRESS 23 STREFT ADDRESS City-ST-ZiP 2.4 CITY - ST - ZIP THUE DELETE 3. 1 TITLE Change ☐ Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZIF 34 CITY-ST-ZIP 3.10 DELETE 4 1 TITLE ☐ Change ☐ Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS 0114-51-78 4.4 CITY - ST-ZIP THILE DELETE Change 5. 1 TITLE Addition NAM: 5.2 NAME STREET ADDRESS 5 3 STREET ADDRESS CITY-ST-20 5.4 CITY-\$1-2IP TIFLE DELETE 6 1 TITLE Change Addition NAME 62 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP 14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 faceiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 7 if challged, or on an attackment with an address.

AME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

8/20/96 Date