**PROFIT CORPORATION** ANNUAL REPORT

1999

DOCUMENT # **L87727** 



Secretary of State DIVISION OF CORPORATIONS

## **FILED** Mar 22, 1999 8:00 am Secretary of State FLORIDA DEPARTMENT OF STATE **Katherine Harris** 03-22-1999 90105 015 \*\*\*150.00

1. Corporation	Name									
SAWGRA	ASS SUBWAY INC.									
071110111							1 1881 1881 1881 1881 1881 1881 1881 1	(48) B(4) 1	DIE ENERI SERIO D	
Principal Place	of Business	М	ailing Address				- ( 1004/1011 301 (0141 (0011 38010 3161	*****	#11 #1#11 <b>#1</b> #11 #	II <b>B</b> II BIBIT 1991
1061 SW 75 AVENUE 1061 SW 75 AVENUE										
3419 HIATUS RD 3419 HIATUS RD							DO NOT WRITE IN THIS SPACE			
PLANTATION FL 33317 PLANTATION FL 33317							3. Date Incorporated or Qualifed			
	Ü						07/02/1990			
2. Principal Pi	ace of Business	2a.	. Mailing Address				4. FEI Number		Ap	plied For
21	: 	26	·	-			65-0214201	<u>: :</u>		t Applicable
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired		<b>\$8.75</b> A Fee Re	
22		27	City & State				6. Election Campaign Financing		\$5.00	<del></del>
City & State	•	28	Ony & State				Trust Fund Contribution		Added to	
23   Zip	Country	20	Zip	-	Country		8. This corporation owes the curre	nt year Inta	angible	
24	25	29	,	30	-		Personal Property Tax.	-		□No
	9. Name and Address of Currer		stered Agent				10. Name and Address of New Re	gistered	Agent	
	-11				81	Name				
ZIMMERMAN, BOB L.					82	Street Add	ress (P.O. Box Number is Not Acceptate	le)	<del></del>	
3419 HIATUS RD										
SUN	RISE FL 33321				83					
	•				84	City		FL	85 Zip (	Code
						<u> </u>	the state of the second for the second		changing its	registered
affica as a	acidental accet of both in the State	of Flori	da. Such change was a	เมากดเ	rizea nv	tne corporau	poration submits this statement for the ρ on's board of directors. I hereby accept	the appoir	ntment as re	gistered
agent. I a	m familiar with, and accept the obliga	ations of	f, Section 607.0505, Flo	rida :	Statutes	i.				
SIGNATURE	Signature, typed or printed name of registered age	nt and titla	if applicable /NOTE	· Ragis	tered Ager	nt signature require	ed when reinstating)	DATE	·	
12.	OFFICERS AT		````	_	13.		ADDITIONS/CHANGES TO OFF	CERS AN	D DIRECTO	RS IN 12
TITLE	D		☐ DELETE	7	1.1 TITLE				☐ Change	☐ Addition
NAME	ZIMMERMAN, BOB L			1	1.2 NAME					j
STREET ADDRESS	1061 SW 75TH AVE			ı	1.3 STREET	T ADDRESS				
CITY+ST-ZIP	PLANTATION FL				1.4 CITY-S	T-ZIP				
TITLE	D		☐ DELETE		2.1 TITLE				Change	☐ Addition
NAME	ZIMMERMAN, SON CHA			1	2.2 NAME					
STREET ADDRESS	-1061 SW-75TH AVE -	-		-	2.3 STREE	TADORESS	The second second	-	er <del>a</del>	• -
CITY-ST-ZIP	PLANTATION FL			_	2. 4 CITY-5	ST- ZIP			Change	Addition
TITLE			☐ DELETE		3.1 TITLE				- Change	☐ Addition
NAME					3.2 NAME					ļ
STREET ADDRESS						TADDRESS				
CITY-ST-ZIP			☐ DELETE	_	3.4. CITY-9 4,1 TITLE	51-ZIP			Change	Addition
TITLE				- 1	4.1 III.E 4.2 NAME					_
NAME				- 1		T ADDRESS				
STREET ADDRESS				- 6	4.3 STREE 4.4 CITY-S			,		
CITY-ST-ZIP			☐ DELETE	_	4.4 GH Y-8 5.1 TITLE	) ( - <u>C</u> II	, , , , , , , , , , , , , , , , , , ,	· ·	☐ Change	☐ Addition
NAME	·		<del>_</del> · _		5.2 NAME	İ				-
STREET ADDRESS			•		5.3 STREE	TADORESS	•	•		
CITY-ST-ZIP	,			•	5.4 CITY-S	ST-ZIP	·			
TITLE	9	=	☐ DELETE	1	6.1 TITLE				Change	☐ Addition
NAME 1511				ı	6.2 NAME					
STREET ADDRESS	1 ''			ſ	6.3 STREE	T ADDRESS				
					6.4 CTTY-S	T. 71P				{

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:

PED OR WINTED NAME OF SIGNING OFFICER OR