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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUN 1. Corporation	Name	40 (6)			
SUBWA	AY 741, INC.				
Principal Place of Business		Mailing Address			
91 SW 40 AVE. Plantation FL 33317		11950 NW 6TH ST PLANTATION FL 33325			
U\$				3. Date Incorporated or Qualified	3a. Date of Last Report
2. Priucipal Pla	on of Purinara	2a, Mailing Address		09/20/1984 4. FEI Number	02/07/1995 Applied For
2, muoparna 11	ce or pushess	28. Mailing Address		59-2444402	Not Applicable
Suite, Apt # 22]	, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
1	Country	2(p)	Country	8. This corporation has liability for it	intangible tax under s. 199.032,
24	25 g, Name and Address of Curre	/	30	Florida Statutes Yes  10. Name and Address of New R	
	g, name and Address of Corre	in negistered Agent	81 Name	ID. Harris and Address of New II	agistered Agent
	AN, CHARLES B.		82 Street Add	ress (P.O. Box Number is Not Acceptab	ile)
	W 6TH ST	. \		' <del>,_ '</del>	
PLANIA	TION FL 33325		83 / /		
			84 City		FL 85 Zip Code
11. Parsuant to	the provisions of Sections 607.050	2 ar d 607.1508, Florida Stalutes.	, the above named corpo	ration submits this statement for the pur	
or registere familiar wit	ed agent, or both, in the State of Floi n, and accept the obligations of, Sec	াটন: Such change was authorized ction 607.0505, Florida Statutes. ১	by the corporation's boa	ration submits this statement for the pur ard of directors. Increby accept the appx	ointment as registered agent. Lam
SIGNATURE					
12.	Syrum in I typic or period have of registered age.  OF LICERS Af	NO DIRECTORS (NOTE:	Registered Sent signature displication	ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTORS IN 12
TILE	PD	□ DENÇTE	1 I TITLE		Change Addition
NAME	SERABIAN, CHARLES B.		1.2 NAME	11/1/	
STREET ADDRESS	11950 NW 6TH ST.	**	1.3 STREET ADDRESS	/	
CIY-\$1-7# THE	PLANTATION FL	L) DELFIF	1.4 CiTY - ST ZiP	AL	☐ Change ☐ Addition
NAME		D Mill	22 NAME		C Charge C Madellan
STREET ADDRESS			2.3 STREET ADDRESS		
GIY ST Zer			-2 4 CITY-ST-ZIP		
TRUE		☐ DELETE	3 1 TITLE		☐ Change ☐ Addition
NAME	1		3 2 NAME		
STEEL LADORESS CHY+ST-ZIP			3.3 STREET ADDRESS 3.4 CITY - ST - ZIP		
10.6	/	DELETE	4 1 TITLE		Change Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CHY-ST ZIF Tille		DELETE	4 4 City-ST-ZIP 5 1 Title		Change Addition
NAMe	**************************************		5 2 NAME		C) Grange C) Mondon
STREET ADDRESS	\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.		5 3 STREET ADDRESS		
City-St-Zifr			5.4 City - ST - 7iP		
1003		DELETE	6 1 TITLE		☐ Change ☐ Addition
MAV:	·		6.2 NAME		
STREET ADDRESS COLV. ST-ZiP			6 3 STREET ADDRESS 6 4 CITY-ST-ZIP		
14. Loo hereb	y certify that the information supplied		hed and does not qualify	for the exemption stated in Section 119	
certify final cath; that I	the information indicated on this off ans an officer or director of the corp	nual report of supplemental anno- poration of the receiver or trustus	empowered to execute 1	ate and that my signature shall have the ijs report as required by Chapter 607, Fl	same legal effect as it made under orida Statutes; and that my name
appears in	Block 12 of Block 13 if changed, or	on an attachment with an addres	* CHARL	ijs report as required by Chapter 607, FI ES Red July RABIAN 2-23-96	715 562-802
<b>SIGNAT</b>	URE: (	- V V V/	> 5E		305-587-857)
	SIGNATURE AND TYPED	OR PINITED NAME OF BIGNING OFFICER	OR MRECTOR	Date	Daytime Phone ●