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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997
DOCUMENT # M10763

(4)

FILED Feb 13 1997 8:00am Secretary of State

1, Corporation Name SUBWAY 739, INC. Principal Place of Business Mailing Address 155 N POWERLINE RD DEERFIELD BCH FL 33442 US BOCA RATON FL 33431-6210 US BOCA RATON FL 33431-6210											
00							3. Date in 01/31	corporated or Qualified/1985		ate of Last 01/1996	
, Principal Place of Business			2a. Mailing Address				4. FEI Nur	mber		1	Applied For
Suite, Apl. #, etc.		Suite, Apt #, etc.			59-2	59-2486285			Not Applicable \$8.75 Additional		
2	рт. н, ою.		27	", 0.0.			5. Certific	ate of Status Desired			Required
City & S	tate		City & State	9			6. Election	Campaign Financing		\$5.0	O May Be
3		Ţ	28				Trust Fr	und Contribution		Adde	to Fees
Zip T		Country	Zip	-	Country	У		rporation has liability for	or intangible X Yes [s. 199.032,
<u> </u>	o Name	25 and Address of Curre	29 ent Registered Agent		30			Statutes of New			
G	IORGI, JOHN				61	Name	10, 11				
	415 NW 30TI				82	Street A	ddress (P.O. Box	Number is Not Accep	table)		
В	OCA RATON	FL 33431					, , , , , , , , , , , , , , , , , , , ,		·····		
					83	1					
					84	City				85 Zip	Code
44 Purcus	int to the provis	sions of Sections 607.05	in2 and 607 1508 Fto	rida Statute	s the show	e-named c	corporation submi	te this statement for the	FL	Changing	ite registered
agent.	ı am tamıllar w	win, and accept the ob-				y mo corpe					
	Signature, typed	d or printed name of registered &	igent and title if applicable		: Registered Ag		equired when reinstating		DATE	·	
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14. I do 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 apport or supplemental minual 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 oproximation or the receiverfur 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 without address.

20 OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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Aguine Flione #

0312219