SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham **ANNUAL REPORT** Secretary of State 1996 DIVISION OF CORPORATIONS **DOCUMENT #** M99432 (0)NORTH ARMENIA SUBWAY, INC. Principal Place of Business Mailing Address 4411 N. ARMENIA AVE. 4411 N. ARMENIA AVE. TAMPA FL 33603 **TAMPA FL 33603** 3. Date Incorporated or Qualified 3a. Date of Last Report 09/12/1988 11/16/1995 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 59-2907106 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 Z_{1D} Country Country 8. This corporation has hability for intang-ble tax under s. 199 032 24 25 29 30 Yes No Flor da Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name YEAGER, LARRY E. 113 MAHOGANY DR. Street Address (PO, Box Number is Not Acceptable) 82 SEFFNER FL 33584 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 for both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am familiar with airid accept the obligations of, Section 607 0505, Florida Statutes. SIGNATURE Signature, type this protect name of registered agent and time if appenable (NOTE: Registered Agent's greature required when reinstating 12 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. CR2E034 (3/96) TITLE DELETE 1 1 Till E Change Addition NAME YEAGER, LARRY E. L2 NAME STREET ADDRESS 113 MAHOGANY DR. 1.3 STREET ADDRESS CITY-ST-ZIP SEFFNER FL 14 O/TY - ST - 7/P TITLE DELETE 2.1 TiTLE Change Addition NAME YEAGER, JOSEPHINE S. 22 NAME STREET ADDRESS 113 MAHOGANY DR. 2 3 STREET ADDRESS SEFFNER FL CITY - ST - ZIP 2 4 CITY - ST ZIP TITLE DELETE 31 TITLE Change Addition 32 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-7IP 34 CITY-ST ZIP TITLE DELETE 4.1 1111.8 Change Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 C(TY - S1 - 2)P DELETE TITLE 5 1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5 3 STREET ADDRESS CHTY - ST - ZIP 5.4 CITY - ST. ZIP TITLE DELETE 6 1 TITLE Change Addition NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 64 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 arrival report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I are an offered or director of the comporation or the receiver or trustee empowered to execute this report as required by Chapter 617. Florida Statutes; and that my name appears in Physics and filed of the comporation of the receiver or trustee empowered to execute this report as required by Chapter 617. Florida Statutes; and that my name app on an attachment with an address PAGE LANY F. Yeagen Pres. 6-14-96

SIGNATURE