
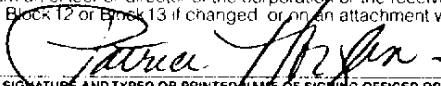


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

<b>PROFIT CORPORATION ANNUAL REPORT 1996</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P92000008857 (4)</b>			
1. Corporation Name <b>SUBWAY # 11534, INC.</b>			
Principal Place of Business <b>5087 PARKRIDGE COURT OVIEDO FL 32765</b>		Mailing Address <b>5087 PARKRIDGE COURT OVIEDO FL 32765</b>	
2. Principal Place of Business		3. Date Incorporated or Qualified <b>11/30/1992</b>	
2a. Mailing Address		3a. Date of Last Report <b>07/28/1995</b>	
21. Suite, Apt #, etc.		4. FEI Number <b>59-3151478</b>	
22. City & State		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23. Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24. Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
25. Country		10. Name and Address of New Registered Agent	
29. Country		81. Name	
30. Country		82. Street Address (P.O. Box Number is Not Acceptable)	
9. Name and Address of Current Registered Agent		83.	
<b>HORGAN, PATRICE 5087 PARKRIDGE COURT OVIEDO FL 32765</b>		84. City	
		<b>FL</b> 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 familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.			
SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) DATE _____			
12. OFFICERS AND DIRECTORS			
TITLE	<b>D</b> <input type="checkbox"/> DELETE	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME	<b>HORGAN, PATRICE</b>	11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>5087 PARKRIDGE COURT</b>	12. NAME	
CITY - ST - ZIP	<b>OVIEDO FL 32765</b>	13. STREET ADDRESS	
		14. CITY - ST - ZIP	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HORGAN, JAMES</b>	22. NAME	
STREET ADDRESS	<b>5087 PARKRIDGE COURT</b>	23. STREET ADDRESS	
CITY - ST - ZIP	<b>OVIEDO FL 32765</b>	24. CITY - ST - ZIP	
		31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	32. NAME	
NAME		33. STREET ADDRESS	
STREET ADDRESS		34. CITY - ST - ZIP	
CITY - ST - ZIP		41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		42. NAME	
TITLE	<input type="checkbox"/> DELETE	43. STREET ADDRESS	
NAME		44. CITY - ST - ZIP	
STREET ADDRESS		51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY - ST - ZIP		52. NAME	
		53. STREET ADDRESS	
TITLE	<input type="checkbox"/> DELETE	54. CITY - ST - ZIP	
NAME		61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		62. NAME	
CITY - ST - ZIP		63. STREET ADDRESS	
		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 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.			
SIGNATURE: 		6/19/96	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	

CR2E034 (3/96)