**FILE NOW: FILING FEE AFTER MAY 1 IS $225.00**

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 JUN 23 AM 11:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-06/26/95--01043--010
****225.00 ****225.00

DOCUMENT # P93000000447

1. Corporation Name

BAY SUBWAY, INC.

Principal Place of Business | Mailing Address

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: January 5, 1993
3a. Date of Last Report:

2. Principal Place of Business
21 9700 Koger Boulevard North
Suite, Apt. #, etc.
22 307
City & State
23 St. Petersburg, FL
Zip 24 33702 Country 25 U.S.A.

2a. Mailing Address
26 9700 Koger Boulevard North
Suite, Apt. #, etc.
27 307
City & State
28 St. Petersburg, FL
Zip 29 33702 Country 30 U.S.A.

4. FEI Number 59-3161860 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent
81 Name: Michael E. Dris
82 Street Address (P.O. Box Number is Not Acceptable): 114 South Pinellas Ave.
83
84 City: Tarpon Springs, FL 85 Zip Code: 34689

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 _____ Michael E. Dris, Esquire June 7, 1995
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | 11 TITLE P/D<br>12 NAME Ibrahim Khader<br>13 STREET ADDRESS 9700 Koger Boulevard North, Suite 307<br>14 CITY-ST-ZIP St. Petersburg, FL 33702 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | 21 TITLE<br>22 NAME<br>23 STREET ADDRESS<br>24 CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | 31 TITLE<br>32 NAME<br>33 STREET ADDRESS<br>34 CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | 41 TITLE<br>42 NAME<br>43 STREET ADDRESS<br>44 CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | 51 TITLE<br>52 NAME<br>53 STREET ADDRESS<br>54 CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | 61 TITLE<br>62 NAME<br>63 STREET ADDRESS<br>64 CITY-ST-ZIP | ☐ Change ☒ Addition |

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)(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.

**SIGNATURE:** IBRAHIM KHADER Pres. 6-2-95 813-578 1612
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #