FILE NOW; FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE

APPROVED
FILED

DOCUMENT # P93000086014 (6)

1. Corporate Name
DIPASQUA SUBWAY NO. 14616, INC.

Principal Address
2224 CHICKASAW TRAIL
ORLANDO FL 32825
US

Mailing Address
167 LOOKOUT PLACE
MAITLAND FL 32751

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/15/1993
3a. Date of Last Report: 05/01/1994

2. Prior Corporate Name
21

2a. Mailing Address
26

Suite Apt. #
22

Suite Apt. #
27

City & State
23

City & State
28

Zip
24

Country
25

Zip
29

Country
30

4. FEI Number: 59-3215661
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. Does corporation owe taxes or charges pursuant to Section 607.1622 Florida Statutes? ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

DIPASQUA LUCY
167 LOOKOUT PLACE
MAITLAND FL 32751

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Section 607.0505 (1)(b) 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. The 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

12. OFFICERS AND DIRECTORS

Title	D
NAME	DIPASQUA, LUCY
STREET ADDRESS	167 LOOKOUT PLACE
CITY, ST, ZIP	MAITLAND FL 32751
Title	D
NAME	DIPASQUA, PETER JR.
STREET ADDRESS	167 LOOKOUT PLACE
CITY, ST, ZIP	MAITLAND FL 32751
Title	D
NAME	GANSSLE, JEFFREY
STREET ADDRESS	167 LOOKOUT PLACE
CITY, ST, ZIP	MAITLAND FL 32751
Title	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
Title	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
Title	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 1

Title		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
Title		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
Title		☐ Change ☐ Addition
NAME		
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Title		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
Title		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

14. I hereby certify that the information supplied with this report is accurate and that the corporation is not subject to the requirements of Section 607.1622 of the Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and correct to the best of my knowledge and belief, and that my signature shall serve the same as if this document were made under oath. I am an officer or director of the corporation or the owner or trustee empowered to execute the report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this document with an office held.

SIGNATURE: Lucy DiPasqua
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

0041810 CP