SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996 AMOUNT DUE ON OR BEFORE 8/1/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) PROFIT. -FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 DOCUMENT #
1. Corporation Name P94000013486 (3) SUBS-ZERO DELI & DESSERTS, INC. Mailing Address Principal Place of Business 3130 JON-JON CT 3130 JON JON CT. ORLANDO FL 32822 ORLANDO FL 32822 (wnnect) 3. Date incorporated or Qualified 3a. Date of Last Report 05/19/1995 02/16/1994 4. FEt Number Applied For 2a. Mailing Address 2. Principal Place of Business APPLIED FOR 59 - 3342951 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 \$5.00 May Be 6. Election Campaign Financing City & State City & State Added to Fees Trust Fund Contribution 28 23 8. This corporation has liability for intangible tax under s. 199.032 Country Country Ζıρ Yes 🗌 No Florida Stalutes 30 29 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name FOSTER, PHILLIP D -connect-Street Address (P.O. Box Number is Not Acceptable) 82 3130 JON JON CT. ORLANDO FL 32822 83 Zip Code 85 84 City 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, of the State of Florida, Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am farturar with, and accept the obligations of Section 207 0505, Florida Statutes. Toster The doing in the name of registered agent and title if applicable SIGNATURE (NOTE F ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/E)OFFICERS AND DIRECTORS 12. Change Addition DELETE 12 TIME TITLE 1.2 NAME FOSTER, PHILLIP D NAME 1.3 STHEET ADDRESS 3130 JON JON CT. STREET ADDRESS 1.4.0 (TY - ST - ZIP) ORLANDO FL 32822 Change Addition CITY-ST-ZIP DELETE 2.1 TITLE TITLE 2.2 NAME NAME Belgin 407 Change Addition 2.3 STREET ADDRESS STREET ADDRESS unate \* 2 4 CITY - ST - ZIP CITY-ST-ZIP 3.1 TITLE TITLE 3.2 NAME SuBS-Zeno is on 420-3044 NAME 3.3 STREET ADDRESS In Active UNtil I spen in Late Dec 1996 DELETE Home Location Writing STREET ADDRESS 3.4 CITY ST-ZIP CITY-ST-ZIP 700001897397aage Addition -07/18/96--01008--054 4.1 TITLE TITLE 4 2 NAME NAME \*\*\*225.00 4.3 STREET ADDRESS STREET ADDRESS 44 CITY-ST-ZIP CITY-ST-ZIP And Insurance DELETE Change Addition 5 1 TITLE TITLE 5.2 NAME NAME 5 3 STREET ADDRESS STREET ADDRESS 54 CITY - ST - ZIP CITY-ST-ZIP November 6 1 TITLE TITLE 773-3263 6.2 NAME NAME **63 STREET ADDRESS** STREET ADDRESS 64CIY-SI-ZIP | 64CIY-SI-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 3 if changed, or on an attachment with an address 64 CITY - ST - ZIP

SIGNATURE:

SANATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR