

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
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000013486 (3)

1. Corporation Name

SUBS-ZERO DELI & DESSERTS, INC.



Principal Place of Business

Mailing Address

3130 JON JON CT.
ORLANDO FL 32822

3130 JON JON CT
ORLANDO FL 32822
US

(connect)

3. Date Incorporated or Qualified
02/16/1994

3a. Date of Last Report
05/19/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

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4. FEI Number

APPLIED FOR 59-3342951

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

FOSTER, PHILLIP D
3130 JON JON CT.
ORLANDO FL 32822

(connect)

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 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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating.)

6/20/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME FOSTER, PHILLIP D
STREET ADDRESS 3130 JON JON CT.
CITY-ST-ZIP ORLANDO FL 32822

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

note

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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SUBS-zero is on
Inactive UNTIL I open
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Have Location Whiting

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CITY-ST-ZIP

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on An Insurance
settlement due

TITLE
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in LATE NOVEMBER
1996. Thanks,

11 TITLE
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61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

☐ Change ☐ Addition

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/20/96

CS 7/17/96

0142302

FP

CR2E034 (3/96)