FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90129 042 ***150.00

A MARINASI USA MARIK ATAM AARIN SAND RAKKI AANDA KRATA KAKA (2017) ADBAS MIKU LAAD

DOCUMENT #	F94000029943
1 Cornoration Name	101000000

MOE'S SANDWICH SHOP TWO, INC.

Principal Place of Business Mailing Address					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
441 S ANDREWS AVE FT LAUDERDALE FL 33301		+41-3 ANDREWS AVE FT LAUDERDALE FL 93301		DO NOT WRITE IN THIS SPACE			
				3. Date Incorporated or Qualifed	17102		i
				04/20/1994		l	
2. Principal Pi	lace of Business	2a. Mailing Address		4. FEI Number	Арр	lied For	
21		262146 Nova VI	llage Drive	65-04857 <u>18</u>	Not	Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Ad		
22		27		J. Odlinotto Brother	Fee Req		=
City & State	e ·	TCity & State		6. Election Campaign Financing	\$5.00 N Added to		
23		28 LWE, FL	Country	Trust Fund Contribution		rees	١
Zip	Country	- 2221/1	ĨIŠA	This corporation owes the current year Intar Personal Property Tax.	∏ Yes [XN076.	
24	9. Name and Address of Curr		<u> </u>	10. Name and Address of New Registered A			
	3. Italile alia Address of Cari		81 Name				
	er, eric j		82 Street Addr	ress (P.O. Box Number is Not Acceptable)		_	
	ie ard st		62 Street Audi	less (F.O. Box Nulliber is Not Acceptable)			
FT L	AUDERDALE FL 33301		83				
	•		84 City		85 Zip Ce	ode	ļ
	*			<u>FL</u>	,		1
office or n	egistered agent, or both, in the Sta	502 and 607:1508; Florida Statutes, the te of Florida, Such change was authori gations of, Section 607.0505, Florida S	zed by the corporation	poration submits this statement for the purpose of coors board of directors. I hereby accept the appoint	ment as reg	egistered istered	-
•	m familiai willi, and accept the oblig	gations of Decilion cor. 10000, 1 longs of					l
SIGNATURE	Signature, typed or printed name of registered a	igent and title if applicable. (NOTE: Regist	tered Agent signature require				;
12.	OFFICERS /		13.	ADDITIONS/CHANGES TO OFFICERS AND		RS IN 12	:
TITLE	D		.1 TITLE		Change	☐ X00111011	:
NAME	WINER, FRANK		.2 NAME				1
STREET ADDRESS	441 S ANDREWS AVE	1	.3 STREET ADDRESS				,
CITY-ST-ZIP	FT LAUDERDALE FL		4 CITY-ST-ZIP		Change	Addition	;
TITLE	D LICA	_	2.1 TITLE				ļ
NAME	WINER, LISA		2 NAME			•	
STREET ADDRESS	441 S ANDREWS AVE		3 STREET ADDRESS	,			
CITY-ST-ZIP	FT. LAUDERDALE FL		. 4 CITY-ST-ZIP		Change	Addition	÷
TILE	WINER, JAY		2 NAME				
NAME	ARE BUILD OFFER DO	The state of the s	3.3 STREET ADDRESS .			i	(
STREET ADDRESS	ASHEVILLE NC		3.4, CITY-ST-ZIP				1
TITLE	ASTICVILLE NO		L1 TITLE		Change	Addition	1
NAME	•		I. 2 NAME				
STREET ADDRESS		4	3 STREET ADDRESS				
			I,4 CITY-ST-ZIP				ļ
CITY-ST-ZIP TITLE			S.1 TITLE	:	Change	☐ Addition	1
NAME			5.2 NAME	•			-
STREET ADDRESS		. 5	3.3 STREET ADDRESS				
CITY-ST-ZIP	}		5.4 CITY-ST-ZIP	<u> </u>			1
TITLE		☐ DELETE 6	3.1 TITLE	:	☐ Change	☐ Addition	
NAME:		6	5.2 NAME				
STORET ANNOESS	· · · · · · · · · · · · · · · · · · ·		3.3 STREET ADDRESS				1

14. I hereby certify that the information supplied with this filing 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 chapter or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: