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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000074071 (9)

M.J.S. SUBWAY, INC.

FILED Apr 21 1997 8:00am Secretary of State



Sulfe, Apt. #, ofc. 27	Principal Place of Business				Mailing Address							(110 10111 910		1 86151 88	iii iqy ii a i	 	KU1 1101 -	1001
8. Date incorporated or Qualified 10/10/1998 (A/23/1996 (A/23/1996 (A/23/1996 A/23/1996 (A/23/1996 A/23/1996 A/23/1996 A/23/1996 (A/23/1996 A/23/1996 A/23/																			
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Trust Fund Contribution	22			2								Centilicat	e or oraci	s Dosiled			Fee F	Require	ed
Secretary Secr	- `	e		-	¬ '	State										_			
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BELL, THOMAS P 1740 NN 122ND TER PEMBROKE PINES FL 33026 B2 Street Address (P.O. Box Number is Not Acceptable) B2 Street Address (P.O. Box Number is Not Acceptable) B3 Street Address (P.O. Box Number is Not Acceptable) FL B5 Zip Code T1. Pursuant to the provisions of Sections 607,0507 and 607,1508, Florida Statutes the objective of registered agent, or both, in the State of Florida. Such change was authorized by the corporation submits this statement for the purpose of changing its registered signature with, and accept the obligations of Section 607,0505, Florida Statutes. SIGNATURE SIGNATURE F2. POOR POST: Registered agent, or both, in the State of Florida. Such change was authorized by the corporation submits this statement for the purpose of changing its registered signature in the provisions of the submits and the suppointment as registered signature registered of directors. Thereby accept the appointment as registered signature registered advances registered	24					Gent	[30]	7	 -		10			s of Nev					
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PEMBROKE PINES FL 33028 183 184 184 185 184 185 185 21p Code 171. Pursuant to the provisions of Sections 602 0502 and 607,1508. Florids Statutes. Its above named corporation submits this statement for the purpose of changing lite registered agent. I am femiliar with, and eccept the obligations of, Section 607,0505. Florids Statutes. Its above named corporation's board of directors. I hereby accept the appointment as registered agent. I am femiliar with, and eccept the obligations of, Section 607,0505. Florids Statutes. Its above named corporation's board of directors. I hereby accept the appointment as registered agent and receptive depression of section 607,0505. Florids Statutes. Its above named and directors. I hereby accept the appointment as registered agent altered by the corporation's board of directors. I hereby accept the appointment as registered agent altered by the corporation's board of directors. I hereby accept the appointment as registered by the corporation's board of directors. I hereby accept the appointment as registered agent altered by the corporation's board of directors. I hereby accept the appointment as registered by the corporation's board of directors. I hereby accept the appointment as registered agent altered by the corporation's board of directors. I hereby accept the appointment as registered agent altered by the corporation's board of directors. I hereby accept the appointment as registered agent altered by the corporation's board of directors. I hereby accept the appointment as registered agent altered by the corporation's board of directors. I hereby accept the appointment as registered agent altered by the corporation's board of directors. In the corporation's board of directors. I hereby accept the appointment as registered agent altered by the corporation's board of directors. In the corporation's board of directors. I hereby accept the appointment as registered agent altered by the corporation's board of directors. In the corporation's board of directors. In the c																			
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TI. Pursuant to the provisions of Sections 607 0502 and 607 1508. Florids Statutes in above named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of I folds. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, in the familier with, and eccept the obligations of, Section 607 0506, Florids Statutes. SIGNATURE Signature Type of prince depends and except the obligations of, Section 607 0506, Florids Statutes. TILE OFFICERS AND DIRECTORS TILE OFFICERS AND DIRECTORS TILE 1.1 Intle 1.2 NAME 1.3 SIERT ADDRESS DIV. 51. 2P 1.4 City. 51. 2P 1.5 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE NAME 1.2 NAME 1.3 SIERT ADDRESS DIV. 51. 2P 1.4 City. 51. 2P 1.5 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE NAME 2.2 STREET ADDRESS DIV. 51. 2P 1.4 City. 51. 2P 1.5 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition NAME SIRRET ADDRESS DIV. 51. 2P 1.4 City. 51. 2P 1.5 TITLE DELETE 3.1 TITLE DELETE 3.2 NAME 3.3 STREET ADDRESS DIV. 51. 2P TITLE DELETE 3.3 STREET ADDRESS DIV. 51. 2P Change Addition Addition Addition Addition Addition Addition SIRRET ADDRESS DIV. 51. 2P Change Addition Addition SIRRET ADDRESS DIV. 51. 2P Change Addition Addition SIRRET ADDRESS DIV. 51. 2P Change Addition Change Addition SIRRET ADDRESS DIV. 51. 2P Change Addition Change Addition Addition TITLE DELETE 5.1 TITLE DELETE 6.4 City. 51. 2P Change Addition Addition Change Addit	LCM	IDNONE FIL	10 1 6 00020					B3											
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11. Pursuant to the provisions of Sections 607.05.02 and 607.15.08. Florida Statutes, in above-named corporation submits statement for the purpose of changing its registered agrent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE								84	City	,						EI	B5 Zip	Code)
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SIGNATURE	office or re	egistered ag	ent, or both, in th	o State of Fi	orida, Suc	h change was	authoriz	ed by	the o	corporati	on's b	poard of d	rectors. I	hereby a	ccept th	ne appo	intment a	s regis	stered
Signature Virtic or printed remove of regardered agent of stary signature required viden removal with a printed for signature required viden removal with a printed for signature required viden removal with a printed prin	-	in temiliar wi	in, and accept in	e obligations	OI, SECUC	1,6000,100110	ionda Sia	alules	š.										
12.	SIGNATURE	Sippature, typed	or printed name of reas	tered agent and	title il applicat	blo (NC	DE: Register	ed Ane	ent sion:	dure require	nd when	reinstating)				DATE			
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14. I do 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	CITY-ST-ZIP	<u> </u>		·			6.4	CITY - S	1-ZIP										
	14. I do hereb	by certify that	t the information s	supplied with	this filing	does not qua	lify for the	0X9 6	mptic	n stated	in Sea	ction 119	07(3)(i), F	lorida Sta	atutes. I	further	certify tha	at the	ath that

l 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 it changed, or on an attachment with an address.

SIGNATURE

Mohamile Killing

4/14/95