## SECOND NOTICE: CORPORATION WILL SE DISSOLVED ON OR AFTER AUGUST 7, 1988... AMOUNT DUE ON OR BEFORE 9/7/86: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO RENETATE: \$376.)

PROFIT CORPORATION ANNUAL REPORT

Principal Place of Business



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

1996 DOCUMENT # P94000077517 (8)

SUBWAY OF OLD CUTLER, INC.

Mailing Address

APPAUVEI AVO FILED

1996 NOV 20 PH 12: 03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT ALEMONAL

20521 OLD CUTLER ROAD MAAM FL 33169			11400 S.W. 92 COURT MAAN FL 33176			REMSTATEMENT	
		US				3. Date Incorporated or Qualified 10/21/1994	3a. Date of Lest Report 05/01/1995
2. Principal Place of Business			2a. Mailing Address 26			4. FEI Number 65-0525791	Applied For Not Applicable
Suite, Apt. #, etc.			Sulte, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State			City & State			6. Election Campaign Financing \$5.00 key 86 Trust Fund Contribution Added to Fees	
Zip	Country 25	29	Zip	30 Co.	intry	This corporation has liability for Florida Statutes	Yes No
	9. Name and Address of Currer	nt Registe	red Agent	<del></del>	81 Narre	10. Name and Address of New Re	A CONTRACTOR OF THE STATE OF TH
	NN, R. GARY 21 OLD CUTLER ROAD					ress (P.O. Box Number is Not Acceptate	
	MI FL 33189				2 (4	023/ DPS CA	
	$\bigcap$				84 City		FL S Zp Code
11. Pursuant t	o the previsions of Sections 607.050	2 and 607 of Florida	7.1508, Florida Statute	es, the at uthorized	ove-named corp by the corporati	oration submits this statement for the p ion's board of directors. I hereby accep	urpose of changing its registered to
	n familiar with, and accept to oblig	ation of	Section 607.0505, Flo	rida Stat	utes.		11/10/96
	Signature, speci or printed name of registrated of	er and to I			d Agent signature requ	ind when remaining) (Constitution of the Constitution of the Const	
TLE	OFFICERS AND	IN DIVIEC	TORS DELETE	13. 1.1 T	me Sec. Alas	ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTORS IN 12 Addition
NAME	MUNN, R. GARY		<u></u>		WAE		
STREET ADDRESS	11400 S.W. 92 COURT			135	TREET ADDRESS		
CITY-ST-ZIP	MAMI FL 33176				ITY-ST-20P	。	
TITLE			DELETE	2.1 T	32.9		Change Addition
name				221	**************************************		
STREET ADDRESS				50.00	TREET ADDRESS		
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NAME					ME.	9000020	136595
STREET ADDRESS				. 1-	TREET ADDRESS	加州 "阿尔尔尔斯斯"—111/26	96-01027-005
CITY-ST-ZIP				1.0	NG 化抗量性电池 (大脑线量化域)		
titi 3				3.4.	CITY-ST-ZIP	<b>******</b> 3	5:00 <b>*****</b> 375:00 <b>**</b>
''' <b>'</b>			DELETE	413	TILE TO THE STATE OF THE STATE	<b>****3</b> 7	5.00 ****375.00 Addition
NAME			DELETE	4.13 4.2	MANE	••••3 <u>7</u>	5:00 <b>*****</b> 375:00 <b>**</b>
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NAME STPRET ADDRESS CITY ST-ZIP				411 4.2 431 441	TILE MANE STREET ADDRESS CITY-ST-ZIP	••••3	5:00 <b>*****</b> 375:00 <b>**</b>
HAME STPSET ADDRESS CITY'S ST-ZIP TITLE			☐ DELETE	411 4.2 433 441 5.1	ITLE  THEET ADDRESS  HIV-SY-ZIP	####37	S.00 Reletate 75.00
HAME STPEET ADDRESS CITY'S ST - ZIP TITLE HAME				411 4.2 431 441 511 521	ITLE KAME STREET ADDRESS SITY-ST-ZP ITLE	•••••3 <u>1</u>	S.00 Reletate 75.00
NAME STREET ADDRESS CITYST-ZIP TITLE NAME STREET ADDRESS				411 4.2 431 441 511 521 531	ITLE  THEET ADDRESS  HIV-SY-ZIP	•••••31 44 44 44 44 44 44 44 44 44 44 44 44 44	S.00 Reletate 75.00
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NAME STREET ADDRESS CITY ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE			☐ DELETE	4.2 4.3 4.3 5.1 5.1 5.3 5.4 6.1 6.1	ITTLE HAME STREET ADDRESS SITY-ST-ZIP HITLE STREET ADDRESS CITY-ST-ZIP HITLE	•••••3	S. 00 Selected 375.00 Addition

14. I do hereby certify that the information expelled with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes 1 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 go a report of 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 of clock 13 if chapted, or on an attachment with an address.

SIGNATURE:

CAEREQUIRED

9/10/96

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