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

PROFIT CORPORATION ANNUAL REPORT

1997



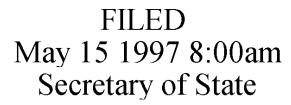
FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000077517 (8)

SUBWAY OF OLD CUTLER, INC.





Principal Place of Business		Mailing Address			- I NODITABLI TID SOTIFI BEDAT ODDIT BOSKI BONIT SODIT SODEL BEDOT KODIT SODE BEDOT KODIT SODE TABLI	
20521 OLD CUTLER ROAD MIAMI FL 33189		11400 S.W. 82 COURT MIAMI FL 33178-4207 US				
					Date Incorporated or Qualified 10/21/1994	\$a. Date of Last Report 11/20/1996
2. Principal Pi 21	ace of Business	2a. Mailing Address 26 20521	000	S. March	4. FEI Number 65-0525791	Applied For Not Applicable
Suite, Apt	#, etc.	Suite, Apt. #, etc.		<i>></i> • • • • • • • • • • • • • • • • • • •		CQ 75 Additional
22		27			5. Certificate of Status Desired	Fee Required
City & State	,	City & State	~	١.	6. Election Campaign Financing	\$5.00 May Be
23		28 14, 44	, <u> </u>	14.	Trust Fund Contribution	Added to Fees
Zip	Country	Zip		untry U.S.	8. This corporation has liability for	
24	25 g. Name and Address of Curre	29 33\8 2 nt Registered Agent	1 30 1) A D C	Florida Statutes 10. Name and Address of New Re	Yes No
MUN	IN, R. GARY			81 Name	2 0 1	
COSTANT IN COUNTY					DEFET SARY MUNN	
	WI FL 33189			82 Street Ad	Idress (P.O. Box Number is Not Acceptat 1400 らい 名之の	HE)
				83		
				84 City		GE 7in Code
				`	diami	FL 85 Zip Code 38176
Office or re	to the provisions of Sections 607.05tegistered agent, or both, in the State on familiar with, and accept the oblig	of Florida. Such change v	vas authoriza	ed by the cornor	orporation submits this statement for the praction's board of directors. I hereby acceptation's	urpose of changing its registered at the appointment as registered
SIGNATURE	Sky whire hyperd or printed name of registered ag	and and title ill and nakla	(IVOTE, Business		quired when reinstating)	DATE
12.		ID DIRECTORS	13.	od Agent signature rec	ADDITIONS/CHANGES TO OFFIC	
TITLE	D	DELETE		ITLE		Change Addition
NAME	MUNN, R. GARY		1.2 N	IAME		•
STREET ADDRESS	11400 S.W. 92 COURT		1.3 9	TREET ADDRESS		
CHY-ST ZIP	MIAMI FL 33176		1.4 0	ITY-ST-ZIP		
TITLE		DELETE				Change Addition
NAME			22 N	AME		
STREET ADDRESS			239	TREET ADDRESS		
CITY - ST - ZIP			2.41	CiTY-ST-ZIP		
TITEF		☐ DELETE	31 T	ITLE		Change Addition
NAME			32 N	IAME	·	
STHEET ACCORESS			3 3 S	TREET ADDRESS		
CITY-SI-7IP				CITY-ST-ZIP		
THEF		☐ DELETE	4.1 T	ITLE		Change Addition
NAME			4, 21	NAME		
STREET ADDRESS			4.3 \$	TREET ADDRESS		
City-St-7.P		FT 55:		ITY-ST-ZIP		
1.111		DELETE				Change Addition
NAME			5.2 N			
STREET ADORESS			5.3 S	TREET ADDRESS		
CITY ST ZIF				ITY - ST - ZIP		
TITLE		☐ DELETE				Change Addition
NAME			6.2 N		· ·	
STREET ADORESS				TREET ADDRESS	·	
City-St ZiP	A	al codelination 2005 of the co		ITY-ST-ZIP	ed in Section 119.07(3)(i), Florida Statute	

4. 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 information indicated on this general port 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 in the correction 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 in Block 12 in Chapter 607, an attachment with an address.

SIGNATURE:

NATURE AND TYPE DOTA NATED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-97

354-3700