Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90161 023 ***150.00

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

DOCUMENT # P9400077517

1. Corporation Name

SUBWAY OF OLD CUTLER, INC.

Principal Place	e of Business	Mailing Address		t (fill (fatt mad frånskir kidet hans rass
20521 OLD CUT		20521 OLD CUTLER RE			
MIAMI FL 33189		MIAMI FL 33189		DO NOT IMPLIE IN "	LUC CDACE
		US		DO NOT WRITE IN	HIS SPACE
				 Date Incorporated or Qualifed 10/21/1994 	}
		A Adultina Address		10/2 1/ 1334 4. FEI Number	Applied For
	ace of Business	2a. Mailing Address		65-0525791	Not Applicable
21	# ata	Suite, Apt. #, etc.			\$8.75 Additional
Suite, Apt. #, etc.		27		5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trus Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current yea	
24	25	1_i	30	Personal Property Tax.	Yes DNO
	9. Name and Address of Curre	nt Registered Agent		10. Name and Address of New Registe	red Agent
MIN	IN, R. GARY		81 Name	MUNN, R. GA	157
	HIN, N. CANTI H SW 92-C T			ress (P.O. Box Number is Not Acceptable)	'
	ALFL 33170		83	122 SW 92 TER	<u> </u>
TANK-ZIA	WF1 E 33170		63		
		1	84 City	<u> </u>	EL 85 Zip Code 33 \ 86
		12 Ld 607 4509 Florido Statutos	the above-named COT	position subside this statement for the nurnos	a of changing its registered
11. Pursuant	to the provisions of Sections 607.050 egistered agent, of Light, in the State	of Forida. Such change was au	thorized by the corporati	ion's board of directors. I hereby accept the a	pointment as registered
agent. I a	m familiar with and accept the obliga	ation of, Section 607.0505, Plon	da Statutes. てことをです		25.99
SIGNATURE	Signature typed or printed tame of regist red at	on and title if applicable (NOTE: 6	Registered Agent signature ri qui	ed when reinstatin 3) DAT	59-77
12.	OFFICERS AI	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	
TITLE	D	☐ DELETE	1.1 TITLE		Change Addition
NAME	MUNN, R. GARY		1.2 NAME	MUNA, 12, GARY	_
STREET ADDRESS	11400 S.W. 92 COURT		1.3 STREET ADDRESS	11722 S.W. 92 Te	1212,
CITY-ST-ZIP	MIAMI FL 33176		1.4 CITY-ST-ZIP	MIAMI, FLA.	53186
TITLE		☐ DELETE	2.1 TITLE	•	☐ Change ☐ Addition
NAME			2.2 NAME		
STREET ADDITESS			2.3 STREET ADDRESS		
CITY-ST-ZIP					
TITLE			2. 4 CITY-ST-ZIP		Change Addition
NAME		☐ DELETE	3.1 TITLE		Change Addition
		☐ DELETE	3.1 TITLE 3.2 NAME		Change Addition
STREET ADDI ESS		☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS		☐ Change ☐ Addition
CITY-ST-ZIP			3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		
CITY-ST-ZIP		☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE		Change Addition
CITY-ST-ZIP TITLE NAME			3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME		
CITY-ST-ZIP TITLE NAME STREET ADDF ESS			3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE NAME STREET ADDF ESS CITY-ST-ZIP		☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		
CITY-ST-ZIP TITLE NAME STREET ADDF ESS CITY-ST-ZIP TITLE			3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS		☐ Change ☐ Addition
CITY-ST-ZIP TITLE NAME STREET ADDF ESS CITY-ST-ZIP TITLE NAME		☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE		☐ Change ☐ Addition
CITY-ST-ZIP TITLE NAME STREET ADDF ESS CITY-ST-ZIP TITLE NAME STREET ADDF ESS		☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME		☐ Change ☐ Addition
CITY-ST-ZIP TITLE NAME STREET ADDF ESS CITY-ST-ZIP TITLE NAME STREET ADDF ESS CITY-ST-ZIP		☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS		☐ Change ☐ Addition
CITY-ST-ZIP TITLE NAME STREET ADDF ESS CITY-ST-ZIP TITLE NAME STREET ADDF ESS		☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		☐ Change ☐ Addition ☐ Change ☐ Addition

14. I here by certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this partial tepoft of supplier ental 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 discord or other tool or the tece ver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 of Block 11 if chapte 1 or on an attachment with an address, with all other like empowered

6.4 CITY-ST-ZIP

SIGNATURE:

ED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-99

3053239641