

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 MAR -3 AM 8:29

DOCUMENT # **P94000082471 (1)**

1. Corporation Name  
**FAROOQ SUBWAY, INC.**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business      Mailing Address  
**560 CONURE ST  
APOPKA FL 32712**      **560 CONURE ST  
APOPKA FL 32712**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business      2a. Mailing Address  
21 **10089 US HWY 19**      25 **10089 US HWY 19**

State, Apt. #, etc.      State, Apt. #, etc.

22 City & State: **Port Richey, FL**      27 City & State: **Port Richey, FL**

23 Zip: **34668**      Country: **PASCO**      29 Zip: **34668**      Country: **PASCO**

24      25      29      30

3. Date incorporated or Qualified      3a. Date of Last Report  
**11/02/1994**

4. FEI Number      Applied For  
**59-3277595**      Not Applicable

5. Certificate of Status Desired      \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution      \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 109.032, Florida Statutes      Yes  No

9. Name and Address of Current Registered Agent  
**FAROOQ, MOHAMMAD T  
560 CONURE ST  
APOPKA FL 32712**

10. Name and Address of New Registered Agent  
81 Name: **Mohammad T. Farooq**  
82 Street Address (P.O. Box Number is Not Acceptable): **11431 Stanley Brook Path**  
83  
84 City: **Port Richey**      FL      85 Zip Code: **34668**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept, the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: *[Signature]*      DATE: **1/16/95**

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
DP	FAROOQ, MOHAMMAD T	560 CONURE ST	APOPKA FL 32712

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	Change	Addition
				<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(1)(a), Florida Statutes. I further certify that the information indicated on this 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, director, or agent of the corporation or the successor or fusion corporation to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in the articles of incorporation or in the attachment with an address.

SIGNATURE: *[Signature]*      DATE: **1/16/95**