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

PROFIT CORPORATION **ANNUAL REPORT**

1997



"HORIDA DEPARTMENT OF STATE"

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000004900 (3)

SUBWAY 1065, INC.

Principal Place of Business

Mailing Address

71 LAKE WORTH SOAD

7771 LAKE WORTH BOAD



97 JUN 23 AH 9: 08

SECRETARY OF STATE TALLAHASSEE, FLORIDA



LAKE WORTH FL 33467		LAKE WORTH FL 33467-2536					
						3. Date Incorporated or Qualified 01/17/1995	3a. Date of Last Report 08/14/1996
2. Principal P	lace of Business	2a. Mailing Addr	2a. Mailing Address			4. FEI Number	Applied For
21		26				65-0553797	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional
22		27				S. Scrimodic S. Status Bosined	Fee Required
City & State		City & State	 1			6. Election Campaign Financing	\$5.00 Мау Ве
23	0					Trust Fund Contribution	Added to Fees
Zip	Country	Ζιρ	ļ ₁	Country		8. This corporation has liability for	
24	25] 9. Name and Address of Curre	29	30			Florida Statutes L. 10. Name and Address of New Re	Yes No
		ant Ledistated Water		81	Name	10. Name and Address of New Ne	Bisteled Whelit
NICOLAS, CHAUDELON				•	TVEHTIC		
	1 LAKE WORTH ROAD		B2		Street Address (P.O. Box Number is Not Acceptable)		
LAK	É WORTH FL 33467			63			
				63			
				84	City		85 Zip Code
							FL
office or r	to the provisions of Sections 607.05 egistered agent, or both, in the Stat m familiar with, and accept the oblig	e of Florida. Such chan	ge was autho	orized by	the corpora	poration submits this statement for the pation's board of directors. I hereby accept	ourpose of changing its registered of the appointment as registered
SIGNATURE							
	Signature, typod or printed name of registered as		(NOTE Flug	·	ut signature requ	rred when reinstating)	DATE
12.		ND DIRECTORS	I CTC	13.		ADDITIONS/CHANGES TO OFFIC	
TITLE	PD NICOLAG OMALIDELON	L. DE	ננונ	1.1 TITLE		3000,2,3	Andujor Andujor
NAME	NICOLAS, CHAUDELON		ŀ	1.2 NAME		~Ub/2b/	3(~~01030~~012
STREET ADDRESS	7771 LAKE WORTH ROAD			1.3 STREET		****16	5.00 ****165.00
CITY-ST-ZIP	LAKE WORTH FL 33467	□ NC	(175	1.4 CITY - S	T-ZIP		
TITLE	STD DESCRIPTION	□ DE	itit	2.1 TOTAL			Change Addition
NAME	NICOLAS, EVELINE		Į	2.2 NAME			
STREET ADDRESS	7771 LAKE WORTH ROAD			2.3 STREET			
CITY-SI-ZIP	LAKE WORTH FL 33467			2. 4 City - 9	ST - ZIP		
TITLE		☐ DE	le i t	3.1 TITLE			Change Addition
NAME				3.2 NAME			
STREET ADORESS			ľ	3.3 STREET	ADDRESS		
CITY-ST-ZIP				3.4. CITY - 9	1-7P		
TITLE		☐ DE	LETE .	4.1 TITLE			Change Addition
NAL E				4. 2 NAME			
STREET ADDRESS				4.3 STREET	ADDRESS		
CITY-ST-ZIP				4.4 CITY - S	T - 21P		
TITLE		☐ DE	LETE	5.1 TITLE			Change Addition
NAME			1	5.2 NAME			
STREET ADDRESS				5.3 STREET	ADDRESS	A A	14
CITY-ST-ZIP				5.4 CITY - S	1 - ZIP	u.u	lan
TITLE		☐ DE	LETE	6.1 TITLE		7,7	law D3/97 Change Addition
NAME				6.2 NAME		01.	15 Y
STREET ADDRESS				6.3 STREET	ADDRESS	7	1 1
CATY-ST-ZIP				64 CITY - S			

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 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 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 if changed, or on an attachment with an address.