

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P95000007007 (4)**

1. Corporation Name  
**SUBWAY 15534, INC.**



Principal Place of Business Mailing Address  
**4160 S.W. 149TH TERRACE MIRAMAR FL 33027**

3. Date Incorporated or Qualified **01/23/1995** 3a. Date of Last Report

21	2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
	Suite, Apt. #, etc.	Suite, Apt. #, etc.	<b>65-0607144</b>	Not Applicable
22	City & State	27	5. Certificate of Status Desired	<b>\$8.75 Additional Fee Required</b>
		<b>4160 SW 149 TEL.</b>	<input type="checkbox"/>	
23	Zip	28	6. Election Campaign Financing Trust Fund Contribution	<b>\$5.00 May Be Added to Fees</b>
	Country	<b>MIRAMAR, FL 33027</b>	<input type="checkbox"/>	
24	25	29	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
		<b>33027</b>		
		30		
		<b>USA</b>		

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent			
<b>MARBIN, EVAN R ESQ. 48 EAST FLAGLER STREET SUITE 104 MIAMI FL 33131</b>		81	Name		
		82	Street Address (P.O. Box Number is Not Acceptable)		
		83			
		84	City	85	Zip Code
		<b>MIRAMAR</b>	<b>FL</b>	<b>33027</b>	

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: *Marvin Sager* **MARVIN SAGER** DATE: **4-16-96**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>D O</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SAGER, MARVIN</b>	1.2 NAME	
STREET ADDRESS	<b>4160 S.W. 149TH TERRACE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIRAMAR FL 33027</b>	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<b>D O</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	<b>JOSEPH GULLO</b>
STREET ADDRESS		2.3 STREET ADDRESS	<b>1847 NE 211 LANE</b>
CITY-ST-ZIP		2.4 CITY-ST-ZIP	<b>NORTH MIAMI BEACH, FL 33179</b>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	<b>300001836073</b>
CITY-ST-ZIP		3.4 CITY-ST-ZIP	<b>-05/23/96--01010--044</b>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<b>***200.00</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *Marvin Sager* **MARVIN SAGER** DATE: **4-16-96** (954)704-0747  
Signature and typed or printed name of signing officer or director

CR2E034 (12/95)