

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

FILED  
Jun 04 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Morton</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000004330 (2)**

1. Corporation Name

**SUBWAY 1581 CORPORATION**

Principal Place of Business

**8039 LAKE WORTH ROAD  
GREENACRES FL 33467**

Mailing Address

**8039 LAKE WORTH ROAD  
GREENACRES FL 33463-4288**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>01/11/1996</b>	3a. Date of Last Report
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>59-3355368</b>	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24	Country	29	City	7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**DUFRESNE, DONALD P  
12788 FOREST HILL BLVD.  
SUITE 2003  
WELLINGTON FL 33414**

10. Name and Address of New Registered Agent

Name **KEN PORTO**  
Street Address (P.O. Box Number is Not Acceptable)  
**2737 YARMOUTH DR**  
**WPB, FL**  
City **FL** 85 Zip Code **33414**

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, typed or printed name of registered agent and title, if applicable

(NOTE: Registered agent signature required when reinstating)

DATE

**4/26/97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b>	1.1 TI	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PORTO, KEN</b>	1.2 N	
STREET ADDRESS	<b>2737 YARMOUTH DRIVE</b>	1.3 ST ADDRESS	
CITY-ST-ZIP	<b>WEST PALM BEACH FL 33414</b>	1.4 ST-ZIP	
TITLE	<b>STD</b>	2.1	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PORTO, DAVID</b>	2.2	
STREET ADDRESS	<b>2659 YARMOUTH DRIVE</b>	2.3	
CITY-ST-ZIP	<b>WEST PALM BEACH FL 33414</b>	2.4	
TITLE	<b>VD</b>	3.1	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VULCANO, MICHAEL</b>	3.2	
STREET ADDRESS	<b>57 MOORE LANE</b>	3.3	
CITY-ST-ZIP	<b>NORTHBORO MA 01532</b>	3.4	
TITLE		4.1	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2	
STREET ADDRESS		4.3	
CITY-ST-ZIP		4.4	
TITLE		5.1	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2	
STREET ADDRESS		5.3	
CITY-ST-ZIP		5.4	
TITLE		6.1	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2	
STREET ADDRESS		6.3	
CITY-ST-ZIP		6.4	

14. I do hereby certify that the information supplied with this filing does not qualify for 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

CR2E034 (9/96)