PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

2a. Mailing Address

Suite, Apt. #, etc.

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DOCUMENT # P9600040289

1. Corporation Name

2. Principal Place of Business

Suite, Apt. #, etc.

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KASTCO SUBWAYS, INC.

Principal Place of Business	Mailing Address
7803 16TH AVENUE N.W. BRADENTON FL 34209	7803 16TH AVENUE N.W. BRADENTON FL 34209

May 05, 1999 8:00 am Secretary of State

05-05-1999 90087 038 ***150.00

	DO NOT WRI	TE IN THE	S SPACE	
3.	Date Incorporated or Qualifed			
	05/08/1996			
4.	FEI Number			Applied For
	65-0666284			Not Applicable
5.	Certificate of Status Desired			5 Additional Required

City & Sta	te	City & State	,			6. Election Campaign Financing Trust Fund Contribution	•	.00 May Be ded to Fees
Zip	Country	Zip	30 Coi	intry	_	This corporation owes the current year Personal Property Tax.	r Intangible ☐ Yes	
·,	9. Name and Address of Curre	nt Registered Agent				10. Name and Address of New Register	ed Agent	
BUS	SH, ARNOLD			81	Name			
780	3 16TH AVENUE N.W.			82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
BRADENTON FL 34209				83				
				84	City	F	85	Zip Code

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	Stonature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature re	equired when reinstating) DATE	
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	
TITLE	D DELI	ETE 1.1 TITLE	Change	☐ Addition
NAME	BUSH, ARNOLD	1.2 NAME		
STREET ADDRESS	TOOD ACTIL AUCKBIE NIM	1.3 STREET ADDRESS		
CITY-ST-ZIP	BRADENTON FL 34209	1.4 CITY-ST-ZIP		
TITLE	DELI	ETE 2.1 TITLE	☐ Change	☐ Addition
NAME		2.2 NAME		
STREET ADORESS		2.3 STREET ADDRESS		
CITY-ST-ZIP		2. 4 CITY-ST-ZIP		
TITLE	☐ DELU	ETE 3.1 TITLE	☐ Change	☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4, CITY-ST-ZIP		
TITLE	□ DEL!	ETE 4.1 TITLE	☐ Change	Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE	□ 0ELI	ETE 5.1 กานE	☐ Change	Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE	DELI	ETE 6.1 TITLE	☐ Change	Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADORESS		
		64 CITY-ST-ZIP		

14. I hereby 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 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, with all other like empowered.

SIGNATURE:

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