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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P96000048855**1. Corporation Name

JUST SUBS & SALADS, INC.

ı	Trinaipart idaa ar baaiinees
ĺ	4395 N STATE RD 7 LAUDERDALE LAKES FL 33319
-	LAUDERDALE LAKES FL 33319
	US

FILED May 06, 1999 8:00 am Secretary of State

05-06-1999 90178 027 ***150.00



Principal Place	e of Business	Mailing Address						
4395 N STATE	9831 S.W. 58TH COURT	IT .						
LAUDERDALE L	AKES FL 33319	COOPER CITY FL 33328				DO MOT MUDITE IN THIS SPACE		
US						DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualifed 06/07/1996	ļ	
* D: : : D	- A Decision -	A Mailing Addross	_			4. FEI Number	Applied For	
 -	lace of Business	2a. Mailing Address				65-0672098	Not Applicable	
21		Suite Apt # etc					75 Additional	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				E Cortiforto of Status Desirod	ee Required	
City P Stat		27 City & State					.00 May Be	
City & Stat	8	⊢ ′					ided to Fees	
Zip	Country	Zip Country				This corporation owes the current year Intangible		
	25	29 30				Personal Property Tax.		
24	9. Name and Address of Curren		30	1		10. Name and Address of New Registered Agent	_	
	J. Hame and Addiese of Carren	t ttogloto		81	Name			
SIMF	SON, JAMES			\sqcup				
	S.W. 58TH COURT			82	Street Ad	dress (P.O. Box Number is Not Acceptable)		
	PER CITY FL 33328			83				
				84	City	FL 85	Zip Code	
		0 4 007 1500 Flid- Pi-t	too the	phove.	nomed of	rporation submits this statement for the purpose of changi	na its registered	
office or r	egistered agent, or both, in the State (of Florida. Such change was	authorize	ed by tr	ne corpora	ation's board of directors. I hereby accept the appointment	as registered	
agent. I a	m familiar with, and accept the obligat	tions of, Section 607.0505, FI	orida Sta	itutes.				
SIGNATURE	Signature, typed or printed name of registered agen	A seed title if anotherble (\$103)	E. Basistara	d Agent	eignature reg	ared when reinstating) DATE		
12.	OFFICERS AN		13.		aignature requ	ADDITIONS/CHANGES TO OFFICERS AND DIR	FCTORS IN 12	
TITLE	D	DELETE DELETE				□ Ch		
NAME	SIMPSON, JAMES		1.2 NAME		İ			
COOL OW COTH COURT			1.3 STREET ADDRESS		nnoess			
COODED CITY EL 20200			1.4 CITY-ST-ZIP					
CITY-ST-ZIP TITLE	COOT EIT CITT TE COOES	☐ DELETE			211	Ch	ange Addition	
NAME			1	NAME				
					ADORESS			
STREET ADDRESS					ĺ			
CITY-ST-ZIP TITLE		DELETE		CITY-ST- FITLE	-21		ange	
				NAME				
NAME			- 1		ADDRESS			
STREET ADDRESS					- 1			
CITY-ST-ZIP		DELETE	_	CITY-ST- TITLE	-212		ange Addition	
TITLE		_ >2007	1	NAME			· –	
NAME			1					
STREET ADDRESS					ADORESS			
CITY-ST-ZIP		☐ DELETE		CITY-ST TITLE	ZIP		ange Addition	
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NAME					ADDRESS			
STREET ADDRESS				CITY-ST-				
CITY-ST-ZIP		☐ DELETE		TITLE	ZIP		iange Addition	
TITLE		☐ perese	1	VAME				
NAME					*DODESS			
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP			6.4 0	CITY-ST-	ZIP			

14. I 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, with all other like empowered.

SIGNATURE: