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

PROFIT CORPORATION ANNUAL REPORT

1997

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

FILED

Mar 04 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000052713 (0)

SUBWAY AT KENDALLGATE, INC.

| Principal Plac 12046 SW 88 : MIAMI FL 3316 | | C/O ANDRE/ 6780 SW 81 | Mailing Address C/O ANDREA BOROWSKY 6760 SW 81 TERRACE MIAMI FL 33143-7710 | | | | | | | |
|--|--|--------------------------|--|----------------------|---------|--------------------|--|---------------------------------------|---------------|--------------------------|
| | | | | | | | Date Incorporated or Qualified 06/19/1996 | 3a. Date | of Last R | teport |
| —-i | Place of Business | 2a. Mailing | Address | | | | 4. FEI Number 65-0635914 | · · · · · · · · · · · · · · · · · · · | <u> </u> | pplied For |
| Suite, Apt | #. etc. | 26 Suite, Ar | Suite, Apt #, etc. | | | | | | | ot Applicable Additional |
| 22 | · | 27 | 27 | | | | 5. Certificate of Status Desired | U | | equired |
| City & Stat | 10 | <u> </u> | Cily & State | | | | 6. Election Campaign Financing | | | May Be |
| Z (p) | Country | 28 | | | | | Trust Fund Contribution | ntonalblo to | | to Fees |
| 24 | 25 | 29 | | | Country | | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No | | | |
| | 9. Name and Address of Curro | | ent | | | | 10. Name and Address of New Re | gistered A | gent | |
| | ROWSKY, LEE | | | | 81 | Name | | | | |
| | 01 SW 92 COURT | | | T | B2 | Street Add | ress (P.O. Box Number is Not Acceptab | le) | | |
| MIA | MI FL 33176 | | | 1 | B3 | | | | | |
| | | | | L | | | | | | |
| | | | | | 84 | City | | FL | 85 Zip | Code |
| 11. Pursuant | to the provisions of Sections 607.05 | 02 and 607.1508, | Florida Statut | es, the abo | ove | -named corp | poration submits this statement for the p | urpose of c | hanging i | ts registered |
| agent 1 | am familiar with, and accept the obli | gations of, Section | 607.0505, Fid | orida Statu | ites. | the corpora | tion's board of directors. I hereby accep | w the appoi | nuneni as | registered |
| SIGNATURE | Signature, typed or pretion name of registered a | | | - 6 | • • • • | | | DATE | | |
| 12. | | ND DIRECTORS | . (NO) | 13. | Ager | nt signature requi | lred when reinstating) ADDITIONS/CHANGES TO OFFIC | | DIRECTO | RS IN 12 |
| THE | P | | DELETE | 1 1 TiTL | .E | | | | Change | Addition |
| NAME | BOROWSKY, LEE | | | 1 2 NA | ME | 1 | | | | |
| STREET ADDRESS | 11501 SW 92 COURT MIAMI FL 33176 | | | 1 | | address | | | | |
| CITY-ST-ZIF | ST ST | | DELETE | 1.4 City 2.1 Titl | | i-ZIP | | ···· | Change | Addition |
| NAME | BOROWSKY, ANDREA | L | _ DECENT | 2.2 NAM | | \ | | | TI CHENTE | L Addition |
| STREET ADDRESS | 11501 SW 92 COURT | | | | | ADDRESS | | | | |
| CHY+ST-ZIP | MIAMI FL 33176 | | | 2. 4 CIT | Y - S | T-ZIP | | • | | |
| TITLE | | I | DELETE | 3.1 TITE | | | | Ī | Change | Addition |
| NAME | | | | 3.2 NAM | | | | | | |
| STREET ADDRESS | | | | | | ADDRESS | | | | |
| CHY ST 7IP | | |] DELETE | 3.4. CHT 4.1 TITL | | 1-24 | | I | Change | Addition |
| NAME | | | | 4. 2 NA | ME | ľ | | | | |
| STREET ADDRESS | | | | 4.3 STR | REET / | ADDRESS | | | | |
| CITY-SF-ZIP | | | DELETE | 4.4 CIT | | 1- ZIP | | | T 66 | Addies |
| T-[L] | | Ł | DELETE | 5.1 TITU 5.2 MAN | | } | | Ŀ | Change | Addition |
| NAME STREET ADDRESS | | | | 5.2 NAM 5.3 STR | | ADDRESS | | | | |
| CITY ST-ZIP | | | | 54 C(T) | | | | | | |
| TITLE | | L | DELETE | 61 TITL | | | · | | Change | Addition |
| NAME | | | | 6.2 NA | ME | | | | | |
| I construences | 1 | | | C D CTD | er. | 1000000 | | | | I |

■ 6.4 CITY-ST-ZIP

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 phy 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