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

PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham FILED ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS 98 JUH - 5 PM 1: 43 DOCUMENT # DEURETAIG OF STATE TALLAHASSEE, FLORIDA GATEWAY SUBWAY, INC. Principal Place of Business Mailing Address 1930 E. SUNRISE BLVD. FT. LAUDERDALE, FL33304 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 SAME 26 SAME 65-0684067 Not Applicable Suite, Apt. #, etc. Suite. Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 28 Added to Fees Zφ Country Country 8. This corporation owes or has paid the current year Intangible BROWARD 30 Personal Property Tax due June 30. 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent **B**1 Name JAE LEE 82 Street Address (P.O. Box Number is Not Acceptable) 2042 DISCOVERY CIRCLE E. 600002553046 - -06/09/98--01124--012 DEERFIELD BEACH, FL 33442 83 ****150.00 FL 84 City ## * 是 D. 20 pde 1 () 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 of or registered agent, or bether 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 lamiliar with and accept the obligations of section 607.0505, Florida Statutes. 0 of furned name of registered agent and blie it applicable (NOTE: Figgistered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 13. 1.1 TITLE Change HILE PRESIDENT NAME JAE LEE 1.2 NAME 2042 DISCOVERY CIRCLE E. STREET ADDRESS 1.3 STREET ADDRESS 33442 CITY-ST-ZIP DEERFIELD BEACH, FL 1.4 CITY - ST - ZIP DELETE Addition TITLE 2 TITLE Change NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS 2 4 CITY - ST - 7/P CITY-ST-ZIP Addition TITLE DELETE 31 TITLE ☐ Change NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY- ST- ZIP CITY-ST-ZIP DELETE Change ___ Addition TITLE 4.1 TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 44 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 51 TITLE TITLE 5.2 NAME NAME 53 STREET ADDRESS STREET ADDRESS 54 CITY - ST- ZIP CITY-ST-ZIP TITLE DELETE 6 1 100 6 HAME 62 NAME

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 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 of the receiver of pustee 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.

6.3 STREET ADDRESS

STREET ADDRESS