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

PROFIT CORPORATION ANNUAL REPORT

1997

Lam an officer or director of the corpora appears in Block 12 or Block 13 if chan

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

FILED

May 08 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

| | SE SUBWAY, INC. ace of Business TH ST. | Mailing Address 7400 SW 19TH ST. PLANTATION FL 33317-4988 | | 3. Date Incorporated or Qualified 3a. Date of Last Report | | |
|---|--|--|--|--|---|--|
| | The second December 1 | De Malling Addrson | | 07/29/1996 | | · |
| r Principai | Place of Business | 28. Mailing Address 26 | | 65-0684065 | . | plied For at Applicable |
| Suite, Ap | ot #, etc. | Suite, Apt. #, etc. | | | \$8.75 | |
| City & Sta | ale | City & State | | 6. Election Campaign Financing | Fee Re \$5.00 | |
| 3 | orc. | 28 | | Trust Fund Contribution | Added | |
| Zφ | Country | Zip | Country | 8. This corporation has liability for in | | 199.032, |
| 1 | 25 9. Name and Address of Curre | 29 ent Registered Agent | 30 | Florida Statutes 10. Name and Address of New Regi | Yes No | |
| CH | HUNG, CHUL | | 81 Name | | | |
| | 100 SW 19TH ST. ANTATION FL 33317 | | 82 Street Add | dress (P.O. Box Number is Not Acceptable |) | 7,000,000 |
| | | | 64 City | | FL 85 Zip | Code |
| agent I | r registered agent of both, in the state I am familiar with, and accept the obtaining | ite of Florida. Such change was igations of, Section 607.0505, I | s authorized by the corpora Florida Statutes. | rporation submits this statement for the pu ation's board of directors. I hereby accept | the appointment as | registered |
| agent I SIGNATURE 2. | arm familiar with, and accept the ob- Significe typed or pontial name of registered a OFFICERS A | igations of, Section 607.0505, I | OTE: Registered Agent signature requ | | DATE | IS IN 12 |
| agent i BIGNATURE 2. II.E IMME BIREET ADDRESS | Signification typed or punted name of registered a OFFICERS A DP CHUNG, CHUL 7400 SW 19TH ST. | igations of, Section 607.0505, I agent and title it applicable (NI ND DIRECTORS | OTE: Registered Agent signature required. 13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS | uired when reinstating) | DATE FRS AND DIRECTOR | IS IN 12 |
| agent i IGNATURE 2. ILE AME BREET ADDRESS ITY-ST-ZIP | Signifier typed or printed name of registered a OFFICERS A CHUNG, CHUL | igations of, Section 607.0505, I agent and title it applicable (NI ND DIRECTORS | OTE: Registered Agent signature required 13. 1.1 TITLE 1.2 NAME | uired when reinstating) | DATE FRS AND DIRECTOR | IS IN 12 |
| agent I IGNATURE I.G. I.E. IME REEL ADDRESS IV-ST-ZIP ILE | Signification typed or punted name of registered a OFFICERS A DP CHUNG, CHUL 7400 SW 19TH ST. | egeni and title if applicable (NI ND DIRECTORS | DTE: Registered Agent signature required. 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP | uired when reinstating) | DATE RS AND DIRECTOR Change | IS IN 12 |
| agent I GNATURE E. HE | OFFICERS A DP CHUNG, CHUL 7400 SW 19TH ST. PLANTATION FL 33317 | egeni and title if applicable (NI ND DIRECTORS | TE Registered Agent sonature required to the s | uired when reinstating) | DATE RS AND DIRECTOR Change | IS IN 12 |
| agent I IGNATURE 2. ILE MME REET ADDRESS ITY - ST- ZIP TLE AME IREET ADDRESS ITY - ST- ZIP | OFFICERS A DP CHUNG, CHUL 7400 SW 19TH ST. PLANTATION FL 33317 | egent and bild it applicable (NI ND DIRECTORS DELETE | TE Registered Agent sonature required in the s | uired when reinstating) ADDITIONS/CHANGES TO OFFICE | DATE RS AND DIRECTOR Change | IS IN 12 Additio |
| agent I IGNATURE 2. I.E I.E IREET ADDRESS IY-ST-ZIP ILE IREET ADDRESS IY-ST-ZIP IREET ADDRESS IY-ST-ZIP | OFFICERS A DP CHUNG, CHUL 7400 SW 19TH ST. PLANTATION FL 33317 | egeni and title if applicable (NI ND DIRECTORS | TE Registered Agent sonature required to the s | uired when reinstating) | DATE RS AND DIRECTOR Change | IS IN 12 Additio |
| agent I IGNATURE 2. I.E. I.E. IREET ADDRESS ITY-ST-ZIP ILE ILE ITY-ST-ZIP ILE AME | Signifier typed or pointed name of registered a OFFICERS A DP CHUNG, CHUL 7400 SW 19TH ST. PLANTATION FL 33317 | egent and bild it applicable (NI ND DIRECTORS DELETE | TE Registered Agent sonature required to the s | uired when reinstating) ADDITIONS/CHANGES TO OFFICE | DATE RS AND DIRECTOR Change | IS IN 12 Additio |
| agent I IGNATURE 2. LE AME IREET ADDRESS ITY-ST-ZIP ILE AME IREET ADDRESS ITY-ST-ZIP ILE AME IREET ADDRESS ITY-ST-ZIP ILE ILE IREET ADDRESS ILE IREET ADDRESS ILE IREET ADDRESS ITY-ST-ZIP | Signifier typed or pointed name of registered a OFFICERS A DP CHUNG, CHUL 7400 SW 19TH ST. PLANTATION FL 33317 | egent and bito it applicable (NI ND DIRECTORS DELETE DELETE | TE: Registered Agent signature required to the signature required to t | uired when reinstating) ADDITIONS/CHANGES TO OFFICE | DATE RS AND DIRECTOR Change Change | IS IN 12 Additio |
| agent I IGNATURE 2. LE RREET ADDRESS OLY-ST-ZIP TILE AME TREET ADDRESS THY-ST-ZIP TLE AME TREET ADDRESS TLE TREET ADDRESS TLE TREET ADDRESS TLE TREET ADDRESS | Signifier typed or pointed name of registered a OFFICERS A DP CHUNG, CHUL 7400 SW 19TH ST. PLANTATION FL 33317 | egent and bild it applicable (NI ND DIRECTORS DELETE | TION OF STATUTES. OTE: Registered Agent signature required. 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE | uired when reinstating) ADDITIONS/CHANGES TO OFFICE | DATE RS AND DIRECTOR Change | IS IN 12 Additio |
| agent I IGNATURE 2. LE AME REET ADDRESS ITY-ST-ZIP TLE AME TREET ADDRESS ITY-ST-ZIP TLE AME TREET ADDRESS ITY-ST-ZIP TLE AME | OFFICERS A DP CHUNG, CHUL 7400 SW 19TH ST. PLANTATION FL 33317 | egent and bito it applicable (NI ND DIRECTORS DELETE DELETE | TION STATUTES. OTE: Registered Agent signature required. 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME | uired when reinstating) ADDITIONS/CHANGES TO OFFICE | DATE RS AND DIRECTOR Change Change | IS IN 12 Additio |
| agent I IGNATURE 2. LE AME REET ADDRESS ITY-ST-ZIP TLE AME IREET ADDRESS ITY-ST-ZIP TLE AME | OFFICERS A DP CHUNG, CHUL 7400 SW 19TH ST. PLANTATION FL 33317 | egent and bito it applicable (NI ND DIRECTORS DELETE DELETE | TION OF STATUTES. OTE: Registered Agent signature required. 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE | uired when reinstating) ADDITIONS/CHANGES TO OFFICE | DATE RS AND DIRECTOR Change Change | IS IN 12 Addition Addition |
| agent I GNATURE L L L L L L L L L L L L L | OFFICERS A DP CHUNG, CHUL 7400 SW 19TH ST. PLANTATION FL 33317 | egent and bito it applicable (NI ND DIRECTORS DELETE DELETE | TION STATUTES. OTE: Registered Agent signature required. 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE | uired when reinstating) ADDITIONS/CHANGES TO OFFICE | DATE RS AND DIRECTOR Change Change | IS IN 12 Addition Addition Addition |
| AGONT LIGNATURE 2. ALE MAIE ARE LADDRESS LIY-ST-ZIP LLE MAIE ARE LADDRESS LY-ST-ZIP LLE MAIE ARE LADDRESS MAIE ARE LADDRESS LY-ST-ZIP LLE MAIE MAIE ARE LADDRESS MAIE MAIE ARE LADDRESS MAIE MAIE ARE LADDRESS MAIE MAIE ARE LADDRESS MAIE MAIE MAIE MAIE MAIE MAIE MAIE MAIE | Signifier typed or printed name of registered a OFFICERS A DP CHUNG, CHUL 7400 SW 19TH ST. PLANTATION FL 33317 | egeni and title it applicative (NI ND DIRECTORS DELETE DELETE | TION STATUTES. OTE: Registered Agent signature required. 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME | uired when reinstating) ADDITIONS/CHANGES TO OFFICE | DATE RS AND DIRECTOR Change Change Change | IS IN 12 Addition Addition Addition |
| AGONT LIGHT AGONESS LE MANE REEL ADDRESS LY-SI-ZIP LLE MANE | Signifier typed or printed name of registered a OFFICERS A DP CHUNG, CHUL 7400 SW 19TH ST. PLANTATION FL 33317 | egeni and title it applicative (NI ND DIRECTORS DELETE DELETE | TION STATUTES. OTE: Registered Agent signature required. 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS | uired when reinstating) ADDITIONS/CHANGES TO OFFICE | DATE RS AND DIRECTOR Change Change Change | IS IN 12 Addition Addition Addition |
| agent I IGNATURE 2. ILE MANE REET ADDRESS IV ST ZIP ILE MANE IREET ADDRESS | Signifier typed or printed name of registered a OFFICERS A DP CHUNG, CHUL 7400 SW 19TH ST. PLANTATION FL 33317 | egeni and title it applicative (NI ND DIRECTORS DELETE DELETE | TION STATUTES. OTE: Registered Agent signature required. 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME | uired when reinstating) ADDITIONS/CHANGES TO OFFICE | DATE RS AND DIRECTOR Change Change Change | IS IN 12 Addition Addition Addition Addition |
| agent I IGNATURE 2. I.E. AME BREET ADDRESS ITY ST-ZIP TLE AME TREET ADDRESS ITY ST-ZIP TLE AME TREET ADDRESS ITY ST-ZIP | Signifier typed or printed name of registered a OFFICERS A DP CHUNG, CHUL 7400 SW 19TH ST. PLANTATION FL 33317 | igations of, Section 607.0505, I agent and title it applicative (NI ND DIRECTORS DELETE D | TION STATUTES. OTE: Registered Agent signature required. 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP | uired when reinstating) ADDITIONS/CHANGES TO OFFICE | DATE RS AND DIRECTOR Change Change Change Change | |
| agent I IGNATURE 2. ILE AME REET ADDRESS ITY - ST - ZIP ILE AME IREET ADDRESS ITY - ST - ZIP ILE AME IREET ADDRESS ITY - ST - ZIP ILE AME IREET ADDRESS ITY - ST - ZIP ILE AME IREET ADDRESS ITY - ST - ZIP ILE AME IREET ADDRESS ITY - ST - ZIP ILE IREET ADDRESS ITY - ST - ZIP ILE IREET ADDRESS ITY - ST - ZIP ILE | Signifier typed or ponted name of registered a OFFICERS A DP CHUNG, CHUL 7400 SW 19TH ST. PLANTATION FL 33317 | igations of, Section 607.0505, I agent and title it applicative (NI ND DIRECTORS DELETE D | TION STATUTES. OTE: Registered Agent signature required. 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE | uired when reinstating) ADDITIONS/CHANGES TO OFFICE | DATE RS AND DIRECTOR Change Change Change Change | IS IN 12 Addition Addition Addition Addition |