

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

FILED

May 19 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P97000069667 (8)**

1. Corporation Name

QUIZNO'S - BAYFRONT MEDICAL CENTER, INC.



Principal Place of Business

**6223 PASADENA POINT BLVD
GULFPORT FL 33707**

Mailing Address

**6223 PASADENA POINT BLVD
GULFPORT FL 33707**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
603 7th St South		111 2ND AVE N.E		08/11/1997	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		4. FEI Number	
76 SUNCOAST MED PLAZA		SUITE 904		593461512	
22. City & State		28. City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
ST. PETERSBURG, FL		ST. PETERSBURG, FL		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23. Zip		29. Zip		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
33702		33701			
24. Country		30. Country			
USA		USA			

9. Name and Address of Current Registered Agent

**BLACK, DAVID M
6223 PASADENA POINT BLVD
GULFPORT FL 33707**

10. Name and Address of New Registered Agent

81. Name **BARBARA J. BLACK**
82. Street Address (P.O. Box Number is Not Acceptable) **6223 PASADENA POINT BLVD**
83.
84. City **GULFPORT, FL** 85. Zip Code **33707**

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, and certifies that the change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. My family name is **Black**.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <input type="checkbox"/> DELETE		1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME PRESIDENT/SECT		1.2 NAME	
STREET ADDRESS BARBARA J. BLACK		1.3 STREET ADDRESS	
CITY-ST-ZIP 6223 PASADENA POINT		1.4 CITY-ST-ZIP	
GULFPORT, FL 33707			
TITLE <input checked="" type="checkbox"/> DELETE		2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME BARBARA J. BLACK		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE		3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 in any addition or deletion address.

SIGNATURE:

[Handwritten signatures]

4-28-98 8:13

CR2E034 (10/97)