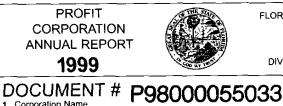
## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT CORPORATION** ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State

-

DIVISION OF CORPORATIONS

## **FILED** Mar 04, 1999 8:00 am Secretary of State 03-04-1999 90134 021 \*\*\*150.00

	SFUL SUB FRANCHISE, INC	j.							
Principal Plac	e of Business	Mailing Address				1120100			
	OLAS BLVD #1900	200 EAST LAS OLAS BLV				ļ			
ft lauderdal	E FL 33301	FT LAUDERDALE FL 33301			DO NOT WRITE IN THIS SPACE				
						3. Date Incorporated or Qualifed			
						06/19/1998			ĺ
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number		TA	pplied For
21		26				52-2110276		N	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				a Continue of Status Desired		\$8.75	Additional
22		27				5. Certificate of Status Desired	<u></u>	Fee R	equired
City & Stat	e e	City & State				6. Election Campaign Financing		\$5.00	May Be
23		28				Trust Fund Contribution		Added	to Fees
Zip	Country	Zip		untry		8. This corporation owes the curre	-		
24	25	29	30			Personal Property Tax.		∐Yes	□No
	9. Name and Address of Current	Registered Agent		81 N	lomo	10. Name and Address of New Re	gistered A	gent	
POD	KSON, ELLIOT P			6'   '	Name				
	EAST LAS OLAS BLVD #1900		82 S			Address (P.O. Box Number is Not Acceptable)			
	AUDERDALE FL 33301			83					
FIL	MODERDALE PE 30301			03					- {
				84 (	City		FL	85 Zip	Code
				$\perp \perp$		rporation submits this statement for the p		handing it	n registered
office or r	registered agent, or both, in the State of im familiar with, and accept the obligati	if Florida. Such change was i	authorize	d by the	corpora	tion's board of directors. I hereby accept	tne appoin	iment as r	egistered
SIGNATURE							DATE		/
	Signature, typed or printed name of registered agent	<del></del>	E: Registered		gnature requ	ired when reinstating)	DATE	DIRECT	ORS IN 12
12.	OFFICERS AND	DIRECTORS	E: Registered	d Agent sig	gnature requ	ADDITIONS/CHANGES TO OFF		DIRECT	ORS IN 12
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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: