

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S11198 (6)**

1. Corporation Name
MACINTYRE SUBWAY, INC.



Principal Place of Business: **9719-4 SAN JOSE BLVD. JACKSONVILLE FL 32257**
Mailing Address: **4385 MORNING DOVE DR JACKSONVILLE FL 32258 US**

2. Principal Place of Business: **9774 San Jose Blvd**
2a. Mailing Address: [Blank]
22. City & State: **Jacksonville FL**
23. Zip: **32257** Country: **Usa**

3. Date Incorporated or Qualified: **10/26/1990** 3a. Date of Last Report: **04/07/1995**
4. FEI Number: **59-3045125** Applied For: [Blank] Not Applicable
5. Certificate of Status Desired: [] **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: [] **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: [] Yes [X] No

9. Name and Address of Current Registered Agent
**ALTERMAN, LEONARD
9116 CYPRESS GREEN DR.
JACKSONVILLE FL 32256**

10. Name and Address of New Registered Agent
81. Name: [Blank]
82. Street Address (P.O. Box Numbers Not Acceptable): [Blank]
83. [Blank]
84. City: [Blank] State: **FL** 85. Zip Code: [Blank]

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in 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 familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ Date: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.1 NAME: D MACINTYRE, WINSTON M.	<input type="checkbox"/> DELETE	13.1 TITLE: P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12.2 STREET ADDRESS: 9719-4 SAN JOSE BLVD. JACKSONVILLE FL		13.2 NAME: [Blank]	
12.3 CITY, ST, ZIP: [Blank]		13.3 STREET ADDRESS: 9774 San Jose Blvd	
12.4 NAME: [Blank]	<input type="checkbox"/> DELETE	13.4 CITY, ST, ZIP: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.5 STREET ADDRESS: [Blank]		13.5 NAME: [Blank]	
12.6 CITY, ST, ZIP: [Blank]	<input type="checkbox"/> DELETE	13.6 STREET ADDRESS: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.7 NAME: [Blank]		13.7 CITY, ST, ZIP: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.8 STREET ADDRESS: [Blank]	<input type="checkbox"/> DELETE	13.8 TITLE: [Blank]	
12.9 CITY, ST, ZIP: [Blank]		13.9 NAME: [Blank]	
12.10 NAME: [Blank]	<input type="checkbox"/> DELETE	13.10 STREET ADDRESS: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.11 STREET ADDRESS: [Blank]		13.11 CITY, ST, ZIP: [Blank]	
12.12 CITY, ST, ZIP: [Blank]	<input type="checkbox"/> DELETE	13.12 TITLE: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.13 NAME: [Blank]		13.13 NAME: [Blank]	
12.14 STREET ADDRESS: [Blank]	<input type="checkbox"/> DELETE	13.14 STREET ADDRESS: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.15 CITY, ST, ZIP: [Blank]		13.15 CITY, ST, ZIP: [Blank]	
12.16 NAME: [Blank]	<input type="checkbox"/> DELETE	13.16 TITLE: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.17 STREET ADDRESS: [Blank]		13.17 NAME: [Blank]	
12.18 CITY, ST, ZIP: [Blank]	<input type="checkbox"/> DELETE	13.18 STREET ADDRESS: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.19 NAME: [Blank]		13.19 CITY, ST, ZIP: [Blank]	
12.20 STREET ADDRESS: [Blank]	<input type="checkbox"/> DELETE	13.20 TITLE: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.21 CITY, ST, ZIP: [Blank]		13.21 NAME: [Blank]	
12.22 NAME: [Blank]	<input type="checkbox"/> DELETE	13.22 STREET ADDRESS: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.23 STREET ADDRESS: [Blank]		13.23 CITY, ST, ZIP: [Blank]	
12.24 CITY, ST, ZIP: [Blank]	<input type="checkbox"/> DELETE	13.24 TITLE: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.25 NAME: [Blank]		13.25 NAME: [Blank]	
12.26 STREET ADDRESS: [Blank]	<input type="checkbox"/> DELETE	13.26 STREET ADDRESS: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.27 CITY, ST, ZIP: [Blank]		13.27 CITY, ST, ZIP: [Blank]	
12.28 NAME: [Blank]	<input type="checkbox"/> DELETE	13.28 TITLE: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.29 STREET ADDRESS: [Blank]		13.29 NAME: [Blank]	
12.30 CITY, ST, ZIP: [Blank]	<input type="checkbox"/> DELETE	13.30 STREET ADDRESS: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.31 NAME: [Blank]		13.31 CITY, ST, ZIP: [Blank]	

14. I do hereby certify that the information supplied with this filing is voluntary, furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *Winston MacIntyre* **Winston MacIntyre** 31 JAN 96 (904) 292-9046
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Phone

CR2E034 (12/95)