FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAY - 1 AM 9:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J35638 (2)

1. Corporation Name
INTERNATIONAL BLIMPIE SERVICES, INC.

Principal Place of Business
C/O DAVID L. SIEGEL ESQ.
740 BROADWAY
NEW YORK NY 10003

Mailing Address
P.O. BOX 888305
740 BROADWAY
DUNWOODY GA 30356-0305
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/30/1986
3a. Date of Last Report: 05/01/1994
4. FEI Number: 58-1993530 — Applied For / Not Applicable
5. Certificate of Status Desired: X — $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 ☐ No

2. Principal Place of Business	2a. Mailing Address
21 801 N.E. 167TH ST.	26 P.O. BOX 888305
Suite, Apt #, etc. 22 SUITE 300	Suite, Apt #, etc. 27
City & State 23 N. MIAMI BEACH, FL	City & State 28 DUNWOODY, GA
Zip 24 33162 — County 25 US	Zip 29 30356-0305 — County 30 US

9. Name and Address of Current Registered Agent

SIEGEL, ROSE
CENTURY VILLAGE
LIYNDHURST C69
DEERFIELD BEACH FL

10. Name and Address of New Registered Agent

81 Name: UNITED CORPORATE SERVICES, INC.
82 Street Address (P.O. Box Number is Not Acceptable): 801 N.E. 167TH ST., SUITE 300
83
84 City: NORTH MIAMI BEACH FL 85 Zip Code 33162

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, 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 RAY A. BARR — 4/28/95
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	D	1.1 TITLE	☐ Change ☐ Addition
NAME	CONZA, ANTHONY	1.2 NAME	
STREET ADDRESS	740 BROADWAY	1.3 STREET ADDRESS	
CITY ST ZIP	NEW YORK NY	1.4 CITY ST ZIP	
TITLE	DP	2.1 TITLE	☐ Change ☐ Addition
NAME	SIEGEL, DAVID L.	2.2 NAME	
STREET ADDRESS	740 BROADWAY	2.3 STREET ADDRESS	
CITY ST ZIP	NEW YORK NY	2.4 CITY ST ZIP	
TITLE	V	3.1 TITLE	☐ Change ☐ Addition
NAME	POMPEO, PATRICK	3.2 NAME	
STREET ADDRESS	740 BROADWAY	3.3 STREET ADDRESS	
CITY ST ZIP	NEW YORK NY	3.4 CITY ST ZIP	
TITLE	S	4.1 TITLE	☐ Change ☐ Addition
NAME	LEANESS, CHARLES	4.2 NAME	
STREET ADDRESS	740 BROADWAY	4.3 STREET ADDRESS	
CITY ST ZIP	NEW YORK NY	4.4 CITY ST ZIP	
TITLE	TAS	5.1 TITLE	☐ Change ☐ Addition
NAME	SITKOFF, ROBERT	5.2 NAME	
STREET ADDRESS	1775 THE EXCHANGE	5.3 STREET ADDRESS	
CITY ST ZIP	ATLANTA GA	5.4 CITY ST ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY ST ZIP		6.4 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily 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: — 4/29/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0003437 CP