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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J35638

1. Corporation Name

INTERNATIONAL BLIMPIE SERVICES, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 801 NE 167TH ST. SUITE 300 N MIAMI BEACH FL 33162 US		Mailing Address 1775 THE EXCHANGE 600 ATLANTA GA 30339 US	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	
3. Date Incorporated or Qualified 09/30/1986		4. FEI Number 58-1993530	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

UNITED CORPORATIVE SERVICES INC.
801 NE 167TH ST.
SUITE 300
NORTH MIAMI BEACH FL 33162

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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

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	
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	VD	2.1 TITLE	
NAME	SIEGEL, DAVID L.	2.2 NAME	
STREET ADDRESS	740 BROADWAY 12TH FL	2.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10003	2.4 CITY-ST-ZIP	
TITLE	P	3.1 TITLE	
NAME	POMPEO, PATRICK	3.2 NAME	
STREET ADDRESS	740 BROADWAY 12TH FL	3.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10003	3.4 CITY-ST-ZIP	
TITLE	VSD	4.1 TITLE	
NAME	LEANESS, CHARLES	4.2 NAME	
STREET ADDRESS	740 BROADWAY 12TH FL	4.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10003	4.4 CITY-ST-ZIP	
TITLE	TAS	5.1 TITLE	
NAME	MORGAN, JOSEPH	5.2 NAME	
STREET ADDRESS	740 BROADWAY 12TH FLOOR	5.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10003	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(LEANESS)

Date

Daytime Phone #

1/5/99 (212) 673 5900

CR2E034 (11/98)

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