

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

FILED

**May 15 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 # K85040 (9)

1. Corporation Name
CONSOLIDATED BLIMPIE SERVICES, INC.



Principal Place of Business 801 NE 167TH STREET SUITE 300 NORTH MIAMI BCH FL 33162	Mailing Address P.O. BOX 888287 DUNWOODY GA 30356-0287 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 1775 The Exchange
22 City & State	27 # 600
23 Zip	28 Atlanta, Georgia
24 Country	29 30339
25	30 USA

3. Date Incorporated or Qualified 05/03/1989	
4. FEI Number 58-1993528	Applied For <input type="checkbox"/> Not Applicable
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
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**UNITED CORPORATE SERVICES, INC.
801 NORTHEAST 167TH STREET
SUITE 300
NORTH MIAMI BEACH FL 33162**

10. Name and Address of New Registered Agent

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

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	POMPEO, PATRICK	
STREET ADDRESS	730 BROADWAY	
CITY-ST-ZIP	NEW YORK NY	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	LEANESS, CHARLES	
STREET ADDRESS	740 BROADWAY	
CITY-ST-ZIP	NEW YORK NY	
TITLE	TV	<input checked="" type="checkbox"/> DELETE
NAME	SITKOFF, ROBERT	
STREET ADDRESS	1775 THE EXCHANGE	
CITY-ST-ZIP	ATLANTA GA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	VD CHARLES G. LEANESS
23 STREET ADDRESS	740 BROADWAY - 12th FLOOR
24 CITY-ST-ZIP	NEW YORK, NY 10003
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	VD DAVID L. SIEGEL
43 STREET ADDRESS	740 BROADWAY - 12th FLOOR
44 CITY-ST-ZIP	NEW YORK, NY 10003
51 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	ST JOSEPH MORGAN
53 STREET ADDRESS	740 BROADWAY - 12th FLOOR
54 CITY-ST-ZIP	NEW YORK, NY 10003
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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.

[Handwritten Signature]

DAVID L. SIEGEL 3/22/98 (912) 673 5900

CR2E034 (10/97)