

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

**FILED**

**May 15 1998 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # K85040 (9)**

1. Corporation Name  
**CONSOLIDATED BLIMPIE SERVICES, INC.**



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

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

3. Date Incorporated or Qualified <b>05/03/1989</b>	
4. FEI Number <b>58-1993528</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>POMPEO, PATRICK</b>	
STREET ADDRESS	<b>730 BROADWAY</b>	
CITY-ST-ZIP	<b>NEW YORK NY</b>	
TITLE	<b>VS</b>	<input type="checkbox"/> DELETE
NAME	<b>LEANESS, CHARLES</b>	
STREET ADDRESS	<b>740 BROADWAY</b>	
CITY-ST-ZIP	<b>NEW YORK NY</b>	
TITLE	<b>TV</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>SITKOFF, ROBERT</b>	
STREET ADDRESS	<b>1775 THE EXCHANGE</b>	
CITY-ST-ZIP	<b>ATLANTA GA</b>	
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	<b>VD CHARLES G. LEANESS</b>
23 STREET ADDRESS	<b>740 BROADWAY - 12th FLOOR</b>
24 CITY-ST-ZIP	<b>NEW YORK, NY 10003</b>
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	<b>VD DAVID L. SIEGEL</b>
43 STREET ADDRESS	<b>740 BROADWAY - 12th FLOOR</b>
44 CITY-ST-ZIP	<b>NEW YORK, NY 10003</b>
51 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	<b>ST JOSEPH MORGAN</b>
53 STREET ADDRESS	<b>740 BROADWAY - 12th FLOOR</b>
54 CITY-ST-ZIP	<b>NEW YORK, NY 10003</b>
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 322/100 (912) 673 5900

CR2E034 (10/97)