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 # K92865 (0)

1. Corporation Name
INTERNATIONAL WEST COAST BLIMPIE SERVICES, INC.

Principal Place of Business	Mailing Address
C/O DAVID L. KOUT, ESQUIRE 4651 SHERIDAN STREET, SUITE 425 HOLLLYWOOD FL 33021	P.O. BOX 888305 4651 SHERIDAN STREET, SUITE 425 DUNWOODY GE 30356-0305 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 21 801 N.E. 167TH ST.	2a. Mailing Address: 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 Country: 25 US	Zip: 29 30356-0305 Country: 30 US

3. Date Incorporated or Qualified: 06/05/1989
3a. Date of Last Report: 05/01/1994
4. FEI Number: 58-1993531 ☐ Applied For ☐ 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. 199.023, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 / Registered Agent signature required when reinstating / DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	SIEGEL, DAVID L.
STREET ADDRESS	740 BROADWAY
CITY ST ZIP	NEW YORK, N.Y.
TITLE	DVS
NAME	LEANESS, CHARLES
STREET ADDRESS	740 BROADWAY
CITY ST ZIP	NEW YORK NY
TITLE	P
NAME	POMPEO, PATRICK
STREET ADDRESS	740 BROADWAY
CITY ST ZIP	NEW YORK NY
TITLE	TAS
NAME	SITKOFF, ROBERT
STREET ADDRESS	1775 THE EXCHANGE
CITY ST ZIP	ATLANTA GA
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY ST ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY ST ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY ST ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY ST ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY ST ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
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: __________ 4/21/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR / Date / Daytime Phone #

0000436 CP