


Apr 29 1997 8:00am  
Secretary of State

PROFIT CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # K92865 (0)

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

Principal Place of Business  
801 NE 167TH ST.  
SUITE 300  
N MIAMI BEACH FL 33162  
US

Mailing Address  
P.O. BOX 888305  
4651 SHERIDAN STREET, SUITE 425  
DUNWOODY FL 30356-0305  
US

2. Principal Place of Business  
21 Suite, Apt. #, etc.  
22 City & State  
23 Zip Country  
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2a. Mailing Address  
26 P.O. BOX 888287  
27 Suite, Apt. #, etc.  
28 City & State  
29 Zip Country  
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3. Date Incorporated or Qualified  
06/05/1989

3a. Date of Last Report  
05/01/1996

4. FEI Number  
58-1993531

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

11. I do 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.

SIGNATURE  
Signature, typed or printed name of registered agent and title if applicable (NOT: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS  
1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
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