

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Martham  
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 #25  
DUNWOODY FL 30338-0305  
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26 P.O. BOX 888287

Suite, Apt. #, etc.

22 City & State

27 City & State

28 DUNWOODY, GA

24 Zip

25 Country

29 Zip

30 US

9. Name and Address of Current Registered Agent

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

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Change  Addition

TITLE D  
NAME SIEGEL, DAVID L.  
STREET ADDRESS 740 BROADWAY  
CITY-ST-ZIP NEW YORK, N.Y.

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE DVS  
NAME LEANESS, CHARLES  
STREET ADDRESS 740 BROADWAY  
CITY-ST-ZIP NEW YORK NY

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE P  
NAME POMPEO, PATRICK  
STREET ADDRESS 740 BROADWAY  
CITY-ST-ZIP NEW YORK NY

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE TAS  
NAME SITKOFF, ROBERT  
STREET ADDRESS 1775 THE EXCHANGE  
CITY-ST-ZIP ATLANTA GA

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 my receiver or trustee is 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:

ROBERT SITKOFF 4/22/97 770-984-2707



FILED  
Apr 29 1997 8:00am  
Secretary of State

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