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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995

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

DOCUMENT # L99527 (8)

1. Corporation Name
CONSOLIDATED BLIMPIE OF TAMPA, INC.

Principal Place of Business	Mailing Address
4651 SHERIDAN STREET SUITE 425 HOLLYWOOD FL 33021	P.O. BOX 888305 SUITE 425 DUNWOODY GA 30356-0305 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 801 N.E. 167TH ST.	26 P.O. Box 888305
22 Suite, Apt. #, etc. SUITE 300	27 Suite, Apt. #, etc.
23 City & State NORTH MIAMI BEACH, FL.	28 City & State DUNWOODY, GA.
24 Zip 33162 / 25 Country U.S.	29 Zip 30356-0305 / 30 Country US

3. Date Incorporated or Qualified: 09/11/1990	3a. Date of Last Report: 05/01/1994
4. FEI Number: 58-1993526	☐ 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. 199.032, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE 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) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DS	11 TITLE	☐ Change ☐ Addition
NAME	LEANESS, CHARLES	12 NAME	
STREET ADDRESS	740 BROADWAY	13 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	14 CITY-ST-ZIP	
TITLE	DV	21 TITLE	☐ Change ☐ Addition
NAME	POMPEO, PATRICK	22 NAME	
STREET ADDRESS	740 BROADWAY	23 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	24 CITY-ST-ZIP	
TITLE	P	31 TITLE	☐ Change ☐ Addition
NAME	SIEGEL, DAVID L.	32 NAME	
STREET ADDRESS	740 BROADWAY	33 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	34 CITY-ST-ZIP	
TITLE	TAS	41 TITLE	V/T ☒ Change ☐ Addition
NAME	SITKOFF, ROBERT	42 NAME	
STREET ADDRESS	1775 THE EXCHANGE	43 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA	44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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: 4/24/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0009427 CP