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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # L99527 (8)

1. Corporation Name

CONSOLIDATED BLIMPIE OF TAMPA, INC.



Principal Place of Business

801 NE 167TH ST.
SUITE 300
NORTH MIAMI BEACH FL 33162
US

Mailing Address

P.O. BOX 888305
SUITE 425
DUNWOODY GA 30356-0305
US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New 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 607.1505 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

Signature typed or printed name of registered agent

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

☐ DELETE

11 TITLE
☐ Change ☐ Addition

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

☐ DELETE

12 NAME
☐ Change ☐ Addition

TITLE P
NAME SIEGEL, DAVID L.
STREET ADDRESS 740 BROADWAY
CITY-ST-ZIP NEW YORK NY

☐ DELETE

13 NAME
☐ Change ☐ Addition

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

☐ DELETE

14 NAME
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

15 NAME
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

16 NAME
☐ Change ☐ Addition

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 or changed or on an attachment with an address

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT SITKOFF

4/29/96

Date

770-698-8480

Daytime Phone #

CR2E034 (12/95)