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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 # **L99527** (8)
1. Corporation Name
CONSOLIDATED BLIMPIE OF TAMPA, INC.



Principal Place of Business
**801 NE 167TH ST.
SUITE 900
NORTH MIAMI BEACH FL 33162
US**

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 P.O. BOX 888287

27 Suite, Apt. #, etc.

27 City & State

28 DUNWOODY, GA

29 Zip

30 30356-0287

Country
US

3. Date Incorporated or Qualified

09/11/1990

3a. Date of Last Report

05/01/1996

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

**UNITED CORPORATIVE SERVICES INC.
801 NE 167TH ST.
SUITE 900
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. 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

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

TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

TITLE ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☐ Addition

1.1 TITLE
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 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 in an attachment with my address.

SIGNATURE:

ROBERT SITKOFF

4/22/97 770-984-2707

CR2E034 (9/96)