

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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

99 JAN 11 PM 4: 21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L99527

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: 1775 THE EXCHANGE 600 ATLANTA GA 30356-0287 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	3. Date Incorporated or Qualified	4. FEI Number		Applied For
21		26	09/11/1990	58-1993526		Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required		
22		27	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees			
City & State		City & State	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No			
23	28	29	30			
Zip	Country	Zip	Country			
24	25	29	30			

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 600002343356-8)		
				83	01/15/99-01020-828		
				84	City		
				85	Zip Code		
					***158.FL ***158.75		

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	VD	<input type="checkbox"/> DELETE	1.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEANESS, CHARLES		1.2 NAME				
STREET ADDRESS	740 BROADWAY 12TH FL		1.3 STREET ADDRESS				
CITY-ST-ZIP	NEW YORK NY 10003		1.4 CITY-ST-ZIP				
TITLE	PS	<input type="checkbox"/> DELETE	2.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POMPEO, PATRICK		2.2 NAME				
STREET ADDRESS	740 BROADWAY 12TH FL		2.3 STREET ADDRESS				
CITY-ST-ZIP	NEW YORK NY 10003		2.4 CITY-ST-ZIP				
TITLE	VD	<input type="checkbox"/> DELETE	3.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIEGEL, DAVID L.		3.2 NAME				
STREET ADDRESS	740 BROADWAY 12TH FL		3.3 STREET ADDRESS				
CITY-ST-ZIP	NEW YORK NY 10003		3.4 CITY-ST-ZIP				
TITLE	T	<input type="checkbox"/> DELETE	4.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORGAN, JOSEPH		4.2 NAME				
STREET ADDRESS	740 BROADWAY 12TH FL		4.3 STREET ADDRESS				
CITY-ST-ZIP	NEW YORK NY 10003		4.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			6.4 CITY-ST-ZIP				

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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, with all other like empowered.

SIGNATURE: [Signature] 1/5/99 (212) 673-5900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0013

CR2E034 (11/98)