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FILED

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 # M92109

(1)

1. Corporation Name

BLIMPIE CAPITAL SERVICES, INC.



Principal Place of Business

C/O UNITED CORPORATE SERVICES  
601 NE 167TH ST., SUITE 300  
NORTH MIAMI BEACH FL 33162  
US

Mailing Address

P.O. BOX 888305  
CENTURY VILLAGE LYNHURST C-69  
DUNWOODY GA 30356-0305  
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 P.O. BOX 888287

27 Suite, Apt. #, etc.

28 City & State

DUNWOODY, GA

29 Zip

30356-0287

30 Country

US

3. Date Incorporated or Qualified

08/02/1988

3a. Date of Last Report

05/01/1996

4. FEI Number

58-1993429

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 CORPORATE SERVICES INC.  
601 NE 167 ST.  
SUITE 300  
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

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

☐ DELETE

TITLE D  
NAME CONZA, ANTHONY  
STREET ADDRESS 740 BROADWAY  
CITY-ST-ZIP NEW YORK NY

☐ DELETE

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

☐ DELETE

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

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

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 an address.

SIGNATURE

4/22/97

770-984-2707

CR2E034 (9/96)