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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

99 JAN 11 PM 4:23 SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # M92109 1. Corporation Name BLIMPIE CAPITAL SERVICES, INC.									
<u></u>									
Principal Plac		Mailing Address							
C/O UNITED CORPORATE SERVICES 1775 THE EXCHANGE 801 NE 167TH ST., SUITE 300 600									
NORTH MIAMI BEACH FL 33162 ATLANTA GA 30339					DO NOT WRITE IN THIS SPACE				
us		US			3. Date Incorporated or Qualifed		ļ		
2 Bringland D	Many of Pusinger	2a. Mailing Address			08/02/1988 4. FEI Number	· 1	and Fan	Ì	
2. Principal Place of Business		26			58-1993429		pplied For ot Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Additional	ĺ		
22		27		5. Certificate of Status Desired	Fee R	eguired			
City & State		City & State		6. Election Campaign Financing	\$5.00	May Be	Į		
23	Country	28		Frust Fund Contribution Added to Fees					
Zip 24			Country		8. This corporation owes the current year Intangible Personal Property Tax. Yes No				
241	9. Name and Address of Current	29 34 Registered Agent	<u>, </u>		10. Name and Address of New Registered				
		105000001000	81	Name	10. (1211) 412 / 124 / 125				
UNITED CORPORATE SERVICES INC.				Street Ad	ddwy /D O. Bay Nambar & Mat Assessable)			}	
801 NE 167 ST.				JueerA	dutess (F.O. box indifiber is that Acceptable)	dress (P.O. Box Number is Not Acceptable)			
SUITE 300			83		300002743				
NOH	RTH MIAMI BEACH FL 33162		84	City	<u></u>	85 Zip	Code_		
Ĺ		·	1	1	<u></u>	85 Zip	-017		
11. Pursuant office or r	to the provisions of Sections 607.0502 registered agent, or both, in the State of the familiar with and account the chilosoft.	and 607.1508, Florida Statutes f Florida, Such change was auth	, the abov norized by	re-named co the corpor	orporation submits this statemed by the burpose of ation's board of directors. I hereby accept the appoin ****158。/5	changing its ntment as re	s registered		
ı agent.la	an iainiliai willi, and accept the congain	ons at, Section 607.0505, Florid	a Statutes	S.	※米米米1万分。(15	****	158.75	ļ .	
agent. I a						*****	158.15		
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Re	ogistered Age		ulred when reinstating) DATE			18)	
SIGNATURE	Signature, typed or printed name of registered agent OFFICERS AND	and the if applicable. (NOTE: Re	13,			ID DIRECTO	DRS IN 12	11/98)	
SIGNATURE 12, TITLE	Signature, typed or printed name of registered agent OFFICERS AND	and title if applicable. (NOTE: Re	13,		ulred when reinstating) DATE			4 (11/98)	
SIGNATURE	Signature, typed or printed name of registered agent OFFICERS AND	and the if applicable. (NOTE: Re	13. 1.1 TITLE 1.2 NAME	ni signature req	ulred when reinstating) DATE	ID DIRECTO	DRS IN 12		
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14. I 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
CHARLES LEAVESS