

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # N37202 (1)  
1. Corporation Name  
BLIMPIE ADVERTISING COOP OF FLORIDA'S WEST COAST  
, INC.



Principal Place of Business  
15700 GULF BLVD  
REDINGTON BEACH FL 33708  
US

Mailing Address  
P.O. BOX 8695  
MADEIRA BEACH FL 33738

3. Date Incorporated or Qualified  
03/22/1990

3a. Date of Last Report  
05/16/1995

4. FEI Number  
59-3014677

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

2. Principal Place of Business  
21 Suite, Apt. #, etc.  
22 City & State  
23 Zip  
24 Country

2a. Mailing Address  
26 Suite, Apt. #, etc.  
27 City & State  
28 Zip  
29 Country

9. Name and Address of Current Registered Agent

SHYROCK, CHRIS  
15700 GULF BLVD  
REDINGTON BEACH FL 34624

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code  
FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, 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  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ DELETE

LILIAN POWERS  
360 CENTRAL AVE / STE - 150  
ST PETERSBURG FL

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☒ DELETE

SCOTT, LESLE  
1155 S DALE MABRY  
TAMPA FL 33629

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☒ DELETE

LEWIS, JAMES  
1310 34TH ST. N.  
ST. PETERSBURG FL

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ DELETE

SHYROCK, CHRIS  
18167 US 19 N., STE. 310  
CLEARWATER FL

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ DELETE

SHYROCK, BURT  
18167 US 19 N, STE. 310  
CLEARWATER FL

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP

☐ Change ☐ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP

☐ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP

☐ Change ☒ Addition

PRESIDENT  
MIKE STASIAR  
606 N. FRANKLYN  
TAMPA, FL 33606

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP

☐ Change ☐ Addition

700001787967  
-04/22/96--01015--037  
\*\*\*61.25

4.19

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mike Stasiar 3/29/96

Date in e Phone #

CR2E037 (12/95)