

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 26 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 6695 MADEIRA BEACH FL 33738
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3. Date Incorporated or Qualified 03/22/1990	
4. FEI Number 59-3014677	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable

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	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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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 FL 85 Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LILIAN POWERS	1.2 NAME	
STREET ADDRESS	360 CENTRAL AVE / STE - 150	1.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL	1.4 CITY-ST-ZIP	
TITLE	PD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STASIAK, MIKE	2.2 NAME	
STREET ADDRESS	606 N. FRANKLIN	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33608	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHYROCK, CHRIS	3.2 NAME	
STREET ADDRESS	18167 US 19 N., STE. 310	3.3 STREET ADDRESS	15700 Gulf Blvd
CITY-ST-ZIP	CLEARWATER FL	3.4 CITY-ST-ZIP	Redington Beach, FL 33708
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHYROCK, BURT	4.2 NAME	
STREET ADDRESS	18167 US 19 N, STE. 310	4.3 STREET ADDRESS	15700 Gulf Blvd
CITY-ST-ZIP	CLEARWATER FL	4.4 CITY-ST-ZIP	Redington Beach, FL 33708
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Benincasa, Mary Lou	5.2 NAME	
STREET ADDRESS	1310 34th ST N	5.3 STREET ADDRESS	
CITY-ST-ZIP	St. Petersburg, FL 33713	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Gunther, Patrick	6.2 NAME	
STREET ADDRESS	360 Central Avenue	6.3 STREET ADDRESS	St. Petersburg, FL 33701
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)(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 registrar 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: _____ 3/20/98 8133190130

CR2E037 (10/97)