

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Aug 03, 1999 8:00 am
Secretary of State

08-03-1999 90007 036 ****61.25

DOCUMENT # N37627

1. Corporation Name

SOUTH FLORIDA BLIMPIE ADVERTISING COOPERATIVE, I
NC.

Principal Place of Business

Mailing Address

C/O BLIMPIE OF SOUTH FLORIDA
7860 PETERS RD., F-108
PLANTATION FL 33324
US

C/O BLIMPIE OF SOUTH FLORIDA
7869 PETERS RD., F-108
PLANTATION FL 33324
US



2. Principal Place of Business

2a. Mailing Address

21 768 RIVERSIDE DRIVE

26 768 RIVERSIDE DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 III

27 III

City & State

City & State

23 CORAL SPRINGS FL

28 CORAL SPRINGS FL

Zip

Country

24 33071

25 US

Zip

Country

29 33071

30 US

3. Date Incorporated or Qualified

04/09/1990

4. FEI Number

65-0223779

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DAVID L. KOUT AND DAVID L. KOUT PA
1601 N. PALM AVENUE
SUITE 305
PEMBROKE PINES FL 33026

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 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE

NAME KOUT, EUGENE
STREET ADDRESS 960 IVY FALLS DR
CITY-ST-ZIP ATLANTA GA

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE D ☐ DELETE

NAME KOUT, STEVE
STREET ADDRESS 7860 PETERS ROAD, F-108
CITY-ST-ZIP PLANTATION FL

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

768 RIVERSIDE DRIVE
CORAL SPRINGS, FL 33071

TITLE D ☐ DELETE

NAME KOUT, DAVID
STREET ADDRESS 1601 N. PLAM AVE., 303
CITY-ST-ZIP PEMBROKE PINES FL

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/19/99

954/755-5237

Daytime Phone #

CR2E037 (5/99)