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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 # P93000069744 (9)

1. Corporation Name

PLANT CITY BLIMPIE TEXACO LEASING CORP.

Principal Place of Business

C/O UNITED CORPORATE SERVICES INC.  
801 N.E. 167TH STREET STE. 300  
N. MIAMI BEACH FL

Mailing Address

P. O. BOX 888305  
801 N.E. 167TH STREET STE. 300  
DUNWOODY GA 30356-0305  
US

3. Date Incorporated or Qualified  
10/07/1993

3a. Date of Last Report  
05/01/1996

4. FEI Number

65-0457519

Applied For

Not Applicable

5. Certificate of Status Desired

XX

\$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

XX No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 P.O. BOX 888287

27 City & State

28 DUNWOODY, GA

29 Zip

30356-0287

30 Country

US

9. Name and Address of Current Registered Agent

UNITED CORPORATE SERVICES, INC.  
801 N.E. 167TH STREET  
STE. 300  
N. MIAMI BEACH FL

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 fee if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

D BARR, RAY A  
10 BANK STREET  
WHITE PLAINS NY 10808

TITLE NAME STREET ADDRESS CITY-ST-ZIP

D SKUBICKI, MARK  
10 BANK STREET  
WHITE PLAINS NY 10808

TITLE NAME STREET ADDRESS CITY-ST-ZIP

P POMPEO, PATRICK  
740 BROADWAY  
NEW YORK NY

TITLE NAME STREET ADDRESS CITY-ST-ZIP

VS LEANESS, CHARLES  
740 BROADWAY  
NEW YORK NY

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TAS SITKOFF, ROBERT  
1775 THE EXCHANGE  
ATLANTA GA

TITLE NAME STREET ADDRESS CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

DIRECTOR/ PRESIDENT  
DAVID L. SIEGEL  
740 BROADWAY  
NEW YORK, NY 10003

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

VP/SECRETARY/DIRECTOR  
CHARLES G. LEANESS  
740 BROADWAY  
NEW YORK, NY 10003

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

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

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

6.1 TITLE 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 on an attachment with an address.

SIGNATURE

ROBERT SITKOFF 4/22/97 770-984-2707

CR2E034 (9/96)