FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
95 MAY 26 AM 10:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000074133 (8)

1. Corporation Name
INTERCONTINENTAL FLORIDA BLIMPIE LEASING, INC.

200001501152
-05/30/95--01032--003
****208.75 ****208.75

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
740 BROADWAY NEW YORK NY 10003	P.O. BOX 888305 DUNWOODY GA 30356-0305 US

3. Date Incorporated or Qualified: 10/26/1993
3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0449277 — 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. The corporation has liability for intangible tax under § 199.032 Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 801 N.E. 167TH ST.	26
Suite, Apt. # etc. 22 SUITE 300	Suite, Apt. # etc. 27
City & State 23 N. MIAMI BEACH, FL	City & State 28
Zip 24 33162 Country 25 US	Zip 29 Country 30

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name: UNITED CORPORATE SERVICES, INC.
82 Street Address (P.O. Box Number is Not Acceptable): 801 N.E. 167TH ST., SUITE 300
83
84 City: NORTH MIAMI BEACH FL 85 Zip Code: 33162

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 *RAY BARR - CHANGE PREVIOUSLY FILED*

12. OFFICERS AND DIRECTORS

TITLE	DV
NAME	SIEGEL, DAVID L
STREET ADDRESS	740 BROADWAY
CITY ST ZIP	NEW YORK NY
TITLE	DPS
NAME	LEANESS, CHARLES G
STREET ADDRESS	740 BROADWAY
CITY ST ZIP	NEW YORK NY
TITLE	TAS
NAME	SITKOFF, ROBERT
STREET ADDRESS	1775 THE EXCHANGE
CITY ST ZIP	ATLANTA GA
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY ST ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY ST ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY ST ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY ST ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY ST ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY ST ZIP		

REMITTED BY MAY 1 RC

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)(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: [signature] — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 4/29/95

0003420 CP