

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
May 15 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P93000074133 (8)**

1. Corporation Name

**INTERCONTINENTAL FLORIDA BLIMPIE LEASING, INC.**



Principal Place of Business

Mailing Address

**801 NE 167TH ST.  
SUITE 300  
N.MIAMI FL 33162**

**P.O. BOX 888287  
DUNWOODY GA 30356-0287  
US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

**1775 The Exchange**

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

**Atlanta, Georgie**

**30339**

**USA**

3. Date Incorporated or Qualified

**10/26/1993**

4. FEI Number

**65-0448277**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing



**\$5.00 May Be  
Added to Fees**

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**UNITED CORPORATE SERVICES, INC.  
801 NORTHEAST 167TH STREET  
SUITE 300  
NORTH MIAMI BEACH FL 33162**

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 607.0102 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 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	<b>DV</b>	<input type="checkbox"/> DELETE
NAME	<b>SIEGEL, DAVID L</b>	
STREET ADDRESS	<b>740 BROADWAY</b>	
CITY-ST-ZIP	<b>NEW YORK NY</b>	
TITLE	<b>DPS</b>	<input type="checkbox"/> DELETE
NAME	<b>LEANESS, CHARLES G</b>	
STREET ADDRESS	<b>740 BROADWAY</b>	
CITY-ST-ZIP	<b>NEW YORK NY</b>	
TITLE	<b>TAS</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>SITKOFF, ROBERT</b>	
STREET ADDRESS	<b>1775 THE EXCHANGE</b>	
CITY-ST-ZIP	<b>ATLANTA GA</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>V/D CHARLES LEANESS</b>
2.3 STREET ADDRESS	<b>740 BROADWAY - 12th FLOOR</b>
2.4 CITY-ST-ZIP	<b>NEW YORK, NY 10003</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>P JOSEPH MORGAN</b>
4.3 STREET ADDRESS	<b>740 BROADWAY - 12th FLOOR</b>
4.4 CITY-ST-ZIP	<b>NEW YORK, NY 10003</b>
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>T/S PATRICK POMPEO</b>
5.3 STREET ADDRESS	<b>740 BROADWAY - 12th FLOOR</b>
5.4 CITY-ST-ZIP	<b>NEW YORK, NY 10003</b>
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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; 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 in an attachment with an address.

SIGNATURE **DAVID L. SIEGEL** 3/25/98 (212) 673 5900

CR2E034 (10/97)