

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Apr 29 1997 8:00am
Secretary of State

DOCUMENT # P93000079050 (9)

1. Corporation Name

LAGO PLAZA BLIMPIE LEASING CORP.

Principal Place of Business

% UNITED CORPORATE SERVICES, INC.
801 NE 167TH ST SUITE 300
NORTH MIAMI BEACH FL 33162

Mailing Address

P. O. BOX 888305
DUNWOODY GA 30356-0305
US



3. Date Incorporated or Qualified

11/16/1993

3a. Date of Last Report

05/01/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 P.O. BOX 888287
27 Suite, Apt. #, etc.

28 City & State

DUNWOODY, GA

29 Zip

30356-0287

30 Country

US

4. FEI Number

65-0468901

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. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

UNITED CORPORATE SERVICES, INC.
% UNITED CORPORATE SERVICES, INC.
801 NE 167TH ST SUITE 300
NORTH MIAMI BEACH FL 33162

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE
NAME BARR, RAY A
STREET ADDRESS 10 BANK ST
CITY-ST-ZIP WHITE PLAINS NY 10606

TITLE D ☒ DELETE
NAME SKUBICKI, MARK
STREET ADDRESS 10 BANK ST
CITY-ST-ZIP WHITE PLAINS NY 10606

TITLE P ☐ DELETE
NAME POMPEO, PATRICK
STREET ADDRESS 740 BROADWAY
CITY-ST-ZIP NEW YORK NY

TITLE VS ☐ DELETE
NAME LEANESS, CHARLES
STREET ADDRESS 740 BROADWAY
CITY-ST-ZIP NEW YORK NY

TITLE VT ☐ DELETE
NAME SITKOFF, ROBERT
STREET ADDRESS 1775 THE EXCHANGE
CITY-ST-ZIP ATLANTA GA

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DIRECTOR ☐ Change ☒ Addition
1.2 NAME DAVID L. SIEGEL
1.3 STREET ADDRESS 740 BROADWAY
1.4 CITY-ST-ZIP NEW YORK, NY 10003

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

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)