

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000082115 (5)

1. Corporation Name

SECOND INTERCONTINENTAL FLORIDA BLIMPIE LEASING CORP.



Principal Place of Business

Mailing Address

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

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

3. Date Incorporated or Qualified

12/01/1993

3a. Date of Last Report

05/01/1995

4. FEI Number

65-0457513

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

Yes

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 607.05(2) and 607.1504, 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 607.05(5), Florida Statutes.

SIGNATURE

Signature (holder of power of attorney, if applicable) _____ DATE _____

Signature (Registered Agent) _____ DATE _____

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DELETE
NAME **D BARR, RAY A**
STREET ADDRESS **10 BANK STREET**
CITY-ST-ZIP **WHITE PLAINS NY 10806**

11 TITLE Change Addition
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP Change Addition

TITLE DELETE
NAME **D SKUBICKI, MARK**
STREET ADDRESS **10 BANK STREET**
CITY-ST-ZIP **WHITE PLAINS NY 10806**

15 TITLE Change Addition
16 NAME
17 STREET ADDRESS
18 CITY-ST-ZIP Change Addition

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

19 TITLE Change Addition
20 NAME
21 STREET ADDRESS
22 CITY-ST-ZIP Change Addition

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

23 TITLE Change Addition
24 NAME
25 STREET ADDRESS
26 CITY-ST-ZIP Change Addition

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

27 TITLE Change Addition
28 NAME
29 STREET ADDRESS
30 CITY-ST-ZIP Change Addition

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

31 TITLE Change Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP Change Addition

900001877629 Change Addition
-06/27/96--01024--032
*****208.75**

05-01-96 OK

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/96

770-638-8480

CR2E034 (12/95)