

**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

3. Date Incorporated or Qualified  
**12/01/1993**

3a. Date of Last Report  
**05/01/1995**

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

4. FEI Number  
**65-0457513**

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

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 or officer or director)

(NOTE: For Agent Signature, Sign as "Attending")

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)