

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

**FILED**

**Apr 29 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION  
ANNUAL REPORT  
1997**



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

**DOCUMENT # P93000082115 (5)**

1. Corporation Name  
**SECOND INTERCONTINENTAL FLORIDA BLIMPIE LEASING CORP.**



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

Mailing Address  
**P. O. BOX 888305  
DUNWOODY GA 30356-0305  
US**

3. Date Incorporated or Qualified **12/01/1993** 3a. Date of Last Report **05/01/1996**

2. Principal Place of Business  
21 Sulte, Apt. #, etc.

2a. Mailing Address  
26 **P. O. BOX 888287**  
Suite, Apt. #, etc.

4. FEI Number **65-0457513** Applied For  Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

23 Zip Country

28 **DUNWOODY, GA**  
Zip Country

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

24 Zip Country

29 **30356-0287** 30 **US**

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.  
801 N.E. 167TH STREET  
STE. 300  
NORTH MIAMI BEACH FL**

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 \_\_\_\_\_ (NOT Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>BARR, RAY A</b>	
STREET ADDRESS	<b>10 BANK STREET</b>	
CITY-ST-ZIP	<b>WHITE PLAINS NY 10606</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>SKUBICKI, MARK</b>	
STREET ADDRESS	<b>10 BANK STREET</b>	
CITY-ST-ZIP	<b>WHITE PLAINS NY 10606</b>	
TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>POMPEO, PATRICK</b>	
STREET ADDRESS	<b>740 BROADWAY</b>	
CITY-ST-ZIP	<b>NEW YORK NY</b>	
TITLE	<b>VS</b>	<input type="checkbox"/> DELETE
NAME	<b>LEANESS, CHARLES</b>	
STREET ADDRESS	<b>740 BROADWAY</b>	
CITY-ST-ZIP	<b>NEW YORK NY</b>	
TITLE	<b>VT</b>	<input 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		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>VP/DIRECTOR</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>DAVID L. SIBGEL</b>	
1.3 STREET ADDRESS	<b>740 BROADWAY</b>	
1.4 CITY-ST-ZIP	<b>NEW YORK, NY 10003</b>	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
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	<b>VP/SECRETARY/DIRECTOR</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>CHARLES G. LEANESS</b>	
4.3 STREET ADDRESS	<b>740 BROADWAY</b>	
4.4 CITY-ST-ZIP	<b>NEW YORK, NY 10003</b>	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
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 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 for the period or trust is 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)