

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

APPROVED  
AND  
FILED

99 JAN 11 PM 4: 27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P93000082115

1. Corporation Name  
SECOND INTERCONTINENTAL FLORIDA BLIMPIE LEASING  
CORP.

Principal Place of Business Mailing Address  
C/O UNITED CORPORATE SERVICES INC. 1775 THE EXCHANGE  
801 N.E. 167TH STREET STE. 300 600  
NORTH MIAMI BEACH FL ATLANTA GA 30339  
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25 29 30

3. Date Incorporated or Qualified  
12/01/1993

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 owes the current year Intangible  
Personal Property Tax.  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)  
400002743344--6  
83 -01/15/99--01020--008  
84 City \*\*\*158.75 \*\*\*158.75  
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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                |                      |                                 |
|----------------|----------------------|---------------------------------|
| TITLE          | VD                   | <input type="checkbox"/> DELETE |
| NAME           | SIEGEL, DAVID L      |                                 |
| STREET ADDRESS | 740 BROADWAY 12TH FL |                                 |
| CITY-ST-ZIP    | NEW YORK NY 10003    |                                 |
| TITLE          | P                    | <input type="checkbox"/> DELETE |
| NAME           | POMPEO, PATRICK      |                                 |
| STREET ADDRESS | 740 BROADWAY         |                                 |
| CITY-ST-ZIP    | NEW YORK NY          |                                 |
| TITLE          | VSD                  | <input type="checkbox"/> DELETE |
| NAME           | LEANESS, CHARLES     |                                 |
| STREET ADDRESS | 740 BROADWAY 12TH FL |                                 |
| CITY-ST-ZIP    | NEW YORK NY 10003    |                                 |
| TITLE          | T                    | <input type="checkbox"/> DELETE |
| NAME           | MORGAN, JOSEPH       |                                 |
| STREET ADDRESS | 740 BROADWAY 12TH FL |                                 |
| CITY-ST-ZIP    | NEW YORK NY 10003    |                                 |
| 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 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          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME           |   |
| 4.3 STREET ADDRESS |   |
| 4.4 CITY-ST-ZIP    |   |
| 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 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 in an attachment with an address, with all other like empowered.

SIGNATURE: *Charles Leanness*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/5/99 (212) 673-5900  
Date Daytime Phone #

C. LEANESS

0013

CR2E034 (1/98)