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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000082115 1. Corporation Name

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99 JAN 11 PM 4:27

SECRETARY OF STATE LALLAHASSEE, FLORIDA

SECONI CORP.	) INTERCONTINENTAL FLOF	rida Blimpie Leasing	İ							
Principal Plac	e of Business	Mailing Address				-{	III. <b>88</b> 111 <b>88</b> 111 1	<b></b>	11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
) `	ORPORATE SERVICES INC.	1775 THE EXCHANGE								
801 N.E. 167TH STREET STE. 300 600										
NORTH MIAMI BEACH FL ATLANTA GA 30339						DO NOT WRITE IN THIS SPACE				
		US			•	3. Date Incorporated or Qualifed				1
						12/01/1993				
2. Principal F	Place of Business	2a, Mailing Address				4. FEI Number		Ar	plied For	ĺ
21		26				65-0457513		<del></del>	ot Applicable	1
Suite, Apt.	#. etc.	Suite, Apt. #, etc.							Additional	ĺ
22						5. Certificate of Status Desired		Fee Re		
	City & State City & State					6. Election Campaign Financing		\$5.00	May Be	ĺ
23	28			· ·-		Trust Fund Contribution		Added		i i
Zip	Country	Zip	Cour	trv	<del></del> -	8. This corporation owes the curr	net was leite		<del></del>	1
24	25	<del></del>	30	,		Personal Property Tax.	en year nu	⊒Yes	□No	l
24	9. Name and Address of Current		30	<del></del>		10. Name and Address of New F	Registered A			Ì
	3. Hame and records of Content	- Tregistered Agent		81 Nar	ne.	To: Harrie Bild Address of Hew I	·egistered /			i
UNIT	TED CORPORATE SERVICES, INC		Ĺ							ĺ
801 N.E. 167TH STREET			Г	B2 Stre	et Addre	ess (P.O. Box Number is Not Accepta				
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11. Pursuant	to the provisions of Sections 607.0502 registered agent, or both, in the State of	and 607.1508, Florida Statute	s, the ab	ove-nam	ed corpo	ration submits this statement for the	purpose of	changing its	registered	
office or r	registered agent, or both, in the State o im familiar with, and accept the obligati	of Fiorida, Such change was au ions of Section 607,0505, Flori	thorized da Statut	oy the co	rporation	n's board of directors. I hereby accep	ot the appoir	ntment as re	gistered	
1	tattings that, and accept the cange.								ı	ı
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SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Régistered A	gent signati	ire required	when reinstating)	DATE			
SIGNATURE	Signature, typed or printed name of registered agent OFFICERS AND		tegistered A	gent signati	ire required	when reinstating) ADDITIONS/CHANGES TO OF		D DIRECTO	PRS IN 12	600
					ire required	when reinstating) ADDITIONS/CHANGES TO OF		D DIRECTO	PRS IN 12	1007 77
12. TITLE	OFFICERS AND	DIRECTORS	13. 1.1 ππ.	E	re required					1007 777 7
12. TITLE NAME	OFFICERS AND VD SIEGEL, DAVID L	DIRECTORS	13. 1.1 TIT. 12 NAM	E IE						(00/ 77/ 700)
12. TITLE NAME STREET ADDRESS	OFFICERS AND VD SIEGEL, DAVID L 740 BROADWAY 12TH FL	DIRECTORS	13. 1.1 TITL 1.2 NAM 1.3 STR	E EET ADDRE						OF 64 (60)
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SIEGEL, DAVID L 740 BROADWAY 12TH FL NEW YORK NY 10003	D DIRECTORS  DELETE	13. 1.1 TITL 1.2 NAM 1.3 STR 1.4 CITY	E EET ADDRE '-ST-ZIP				☐ Change	☐ Addition	100/ FA 1000
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12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	VD SIEGEL, DAVID L 740 BROADWAY 12TH FL NEW YORK NY 10003 P POMPEO, PATRICK 740 BROADWAY	D DIRECTORS  DELETE	13. 1.1 TITE 1.2 NAM 1.3 STR 1.4 CITY 2.1 TITE 2.2 NAM	E IE EET ADDRE '-ST-ZIP E	ss			☐ Change	☐ Addition	CD2E024 (44,000)
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SIEGEL, DAVID L 740 BROADWAY 12TH FL NEW YORK NY 10003 P POMPEO, PATRICK 740 BROADWAY NEW YORK NY	D DIRECTORS  DELETE	13. 1.1 TITE 1.2 NAM 1.3 STR 1.4 CITY 2.1 TITE 2.2 NAM 2.3 STR	E EET ADDRE '-ST-ZIP E	ss			☐ Change	☐ Addition	ODOFF004 (44,000)
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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 an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTED EANESS