

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

APPROVED
AND
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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.

23 City & State

27 City & State

24 Zip Country 25

29 Zip Country 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 \$5.00 May Be
Trust Fund Contribution 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 DELETE
NAME SIEGEL, DAVID L
STREET ADDRESS 740 BROADWAY 12TH FL
CITY-ST-ZIP NEW YORK NY 10003

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

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

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE VSD DELETE
NAME LEANESS, CHARLES
STREET ADDRESS 740 BROADWAY 12TH FL
CITY-ST-ZIP NEW YORK NY 10003

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE T DELETE
NAME MORGAN, JOSEPH
STREET ADDRESS 740 BROADWAY 12TH FL
CITY-ST-ZIP NEW YORK NY 10003

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Charles Leaness
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/5/99
Date

(212) 673-5900
Daytime Phone #

C. LEANESS

0013

CR2E034 (1/98)