

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

FILED
May 15 1998 8:00am
Secretary of State

| | | |
|---|---|---|
| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # **P94000038880 (8)**

1. Corporation Name:

SECOND TAMPA BLIMPIE REALTY VENTURE, INC.



Principal Place of Business

Mailing Address

**C/O UNITED CORPORATE SERVICES, INC.
801 N.E. 167TH STREET, SUITE 300
NORTH MIAMI BEACH FL 33162**

**P.O. BOX 688287
801 N.E. 167TH STREET, SUITE 300
DUNWOODY GA 30356-0287
US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

1775 The Exchange

Suite, Apt. #, etc.

27

600

City & State

28

Atlanta, Georgia

Zip

29

30339

Country

30

USA

3. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

05/24/1994

4. FEI Number

65-0502103

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 or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

10. Name and Address of New Registered Agent

**UNITED CORPORATE SERVICES, INC.
801 N.E. 167TH STREET
SUITE 300
NORTH MIAMI BEACH FL 33162**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

| | | |
|----------------|-------------------------------------|--|
| TITLE | P | <input type="checkbox"/> DELETE |
| NAME | POMPEO, PATRICK | |
| STREET ADDRESS | 740 BROADWAY | |
| CITY-ST-ZIP | NEW YORK NY | |
| TITLE | VD | <input type="checkbox"/> DELETE |
| NAME | SIEGEL, DAVID | |
| STREET ADDRESS | 740 BROADWAY | |
| CITY-ST-ZIP | NEW YORK NY | |
| TITLE | SD | <input type="checkbox"/> DELETE |
| NAME | LEANESS, CHARLES | |
| STREET ADDRESS | 740 BROADWAY | |
| CITY-ST-ZIP | NEW YORK NY | |
| TITLE | VT | <input checked="" type="checkbox"/> DELETE |
| NAME | SITKOFF, ROBERT | |
| STREET ADDRESS | 1775 THE EXCHANGE, SUITE 600 | |
| CITY-ST-ZIP | ATLANTA GA | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|--|
| 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 checked="" type="checkbox"/> Addition |
| 3.2 NAME | V/S/D |
| 3.3 STREET ADDRESS | CHARLES LEANESS |
| 3.4 CITY-ST-ZIP | 740 BROADWAY - 12th FLOOR |
| 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 checked="" type="checkbox"/> Addition |
| 5.2 NAME | T |
| 5.3 STREET ADDRESS | JOSEPH MORGAN |
| 5.4 CITY-ST-ZIP | 740 BROADWAY - 12th FLOOR |
| 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 on an attachment with an address.

CR2E034 (10/97)