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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

00183

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # P94000039829
1. Corporation Name
THIRD TAMPA BLIMPIE REALTY VENTURE, INC.



Principal Place of Business: C/O UNITED CORPORATE SERVICES, INC. 801 N.E. 167TH ST., SUITE 300 NORTH MIAMI BEACH FL 33162

Mailing Address: 1775 THE EXCHANGE 600 ATLANTA GA 30339 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	4. FEI Number	Applied For
21	26	05/26/1994	65-0502102	Not Applicable
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
23. City & State	28. City & State	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
24. Zip	25. Country	29. Zip	30. Country	8. This corporation owes the current year Intangible Personal Property Tax.
				<input type="checkbox"/> Yes <input type="checkbox"/> 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 SUITE 300 NORTH MIAMI BEACH FL 33162		81. Name	84. City	85. Zip Code
		82. Street Address (P.O. Box Number is Not Acceptable)	FL	
		83.		

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 _____ DATE _____
Signature, typed or printed name of registered agent and title # applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIEGEL, DAVID L.	1.2 NAME	
STREET ADDRESS	740 BROADWAY, 12TH FL	1.3 STREET ADDRESS	700002742527-4
CITY-ST-ZIP	NEW YORK NY 10003	1.4 CITY-ST-ZIP	-01/14/99-01113-007
TITLE	P <input type="checkbox"/> DELETE	2.1 TITLE	***158.75 ***158.75
NAME	POMPEO, PATRICK	2.2 NAME	
STREET ADDRESS	740 BROADWAY 12TH FL	2.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10003	2.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEANESS, CHARLES	3.2 NAME	
STREET ADDRESS	740 BROADWAY 12TH FL	3.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10003	3.4 CITY-ST-ZIP	
TITLE	TS <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORGAN, JOSEPH	4.2 NAME	
STREET ADDRESS	740 BROADWAY 12TH FL	4.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10003	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: [Signature] 1/5/99 (212) 673-5900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)