

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P94000068779 (5)**

1. Corporation Name

**FOURTH INTERCONTINENTAL FLORIDA BLIMPIE LEASING
CORP.**



Principal Place of Business

**C/O 801 N.E. 167TH ST., SUITE 300
NORTH MIAMI BEACH FL 33162**

Mailing Address

**P. O. BOX 888305
DUNWOODY GA 30356-0305
US**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

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

3. Date Incorporated or Qualified

09/19/1994

3a. Date of Last Report

05/01/1995

4. FEI Number

65-0533089

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

10. Name and Address of New Registered Agent

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 607.1501, 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 below. If by a person other than the corporation, it must be accompanied by a statement of authority.

Word, in a hand Agent's signature required and must be dated.

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **PD
SIEGEL, DAVID L**
STREET ADDRESS **740 BROADWAY**
CITY-ST-ZIP **NEW YORK NY**

TITLE ☐ DELETE

NAME **V
MORGAN, JOE**
STREET ADDRESS **740 BROADWAY**
CITY-ST-ZIP **NEW YORK NY**

TITLE ☐ DELETE

NAME **SD
LEANESS, CHARLES**
STREET ADDRESS **740 BROADWAY**
CITY-ST-ZIP **NEW YORK NY**

TITLE ☐ DELETE

NAME **VT
SITKOFF, ROBERT**
STREET ADDRESS **1775 THE EXCHANGE, SUITE 600**
CITY-ST-ZIP **ATLANTA GA**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

**100001877681
-06/27/96--01024--007
***208.75**

05-01-96 OR

14. I do hereby certify that the information supplied with this form is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT SITKOFF

4/29/96

770-698-8480

(Daytime Phone)

CR2E034 (12/95)