

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
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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 888287 DUNWOODY GA 30356-0287 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 09/19/1994	
21		26		4. FEI Number 65-0533089	
22		27		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24		29		8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent UNITED CORPORATE SERVICES, INC. 801 N.E. 167TH ST., SUITE 300 NORTH MIAMI BEACH FL 33162		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	V/D
NAME	SIEGEL, DAVID L	1.2 NAME	DAVID L. SIEGEL
STREET ADDRESS	740 BROADWAY	1.3 STREET ADDRESS	740 BROADWAY - 12th FLOOR
CITY - ST - ZIP	NEW YORK NY	1.4 CITY - ST - ZIP	NEW YORK, NY 10003
TITLE	V	2.1 TITLE	T
NAME	MORGAN, JOE	2.2 NAME	JOSEPH MORGAN
STREET ADDRESS	740 BROADWAY	2.3 STREET ADDRESS	740 BROADWAY - 12th FLOOR
CITY - ST - ZIP	NEW YORK NY	2.4 CITY - ST - ZIP	NEW YORK, NY 10003
TITLE	SD	3.1 TITLE	V/S/D
NAME	LEANESS, CHARLES	3.2 NAME	CHARLES LEANESS
STREET ADDRESS	740 BROADWAY	3.3 STREET ADDRESS	740 BROADWAY - 12th FLOOR
CITY - ST - ZIP	NEW YORK NY	3.4 CITY - ST - ZIP	NEW YORK, NY 10003
TITLE	VT	4.1 TITLE	
NAME	SITKOFF, ROBERT	4.2 NAME	
STREET ADDRESS	1775 THE EXCHANGE, SUITE 600	4.3 STREET ADDRESS	
CITY - ST - ZIP	ATLANTA GA	4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	P
NAME		5.2 NAME	PATRICK POMPEO
STREET ADDRESS		5.3 STREET ADDRESS	740 BROADWAY - 12th FLOOR
CITY - ST - ZIP		5.4 CITY - ST - ZIP	NEW YORK, NY 10003
TITLE		6.1 TITLE	
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.

SIGNATURE _____ DATE **2/23/98 10:11:13-EDM**

CR2E034 (10/97)