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

PROFIT CORPORATION ANNUAL REPORT

**1998** 



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P94000077053 (4)

SECOND COLLIER COUNTY BLIMPIE REALTY, INC.

Principal Place of Business Mailing Address C/O UNITED CORPORATE SERVICES. INC P.O. BOX 888287 801 NE 167TH STREET STE 300 DUNWOODY GA 30356-0287 DO NOT WRITE IN THIS SPACE NORTH MIAMI BEACH FL 33162 3. Date Incorporated or Qualified 10/20/1994 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 1775 The Exchange 65-0532901 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired # 600 Fee Required 22 City & State ity & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 Zip Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. 24 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name UNITED CORPORATE SERVICES, INC. 801 NE 167TH STREET 82 Street Address (P.O. Box Number is Not Acceptable) **STE 300** 83 NORTH MIAMI BEACH FL 33162 84 City Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutos, 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) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE 1.1 TITLE Change TITLE POMPEO, PATRICK NAME 1.2 NAME 740 BROADWAY STREET ADDRESS 1.3 STREET ADDRESS NEW YORK NY CITY-\$T-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition TITLE 2.1 TITLE SIEGEL, DAVID L NAME 2.2 NAME 740 BROADWAY STREET ADDRESS 2.3 STREET ADDRESS **NEW YORK NY** CRTY-ST-ZIP 2. 4 CITY - ST-ZIP DELETE Change \_\_\_ Addition TITLE 3.1 TITLE CHARLES LEANESS LEANESS, CHARLES NAME 3.2 NAME 740 BROADWAY - 12th FLOOR 740 BROADWAY STREET ADDRESS 3.3 STREET ADDRESS **NEW YORK NY** NEW YORK, NY 10003 CITY-ST-ZIP 3.4. CITY - ST - Z#P DELETE 4.1 THUE Change ☐ Addition NAME SITKOFF, ROBERT 4. 2 NAME 1775 THE EXCHANGE, SUITE 600 STREET ADDRESS 4.3 STREET ADDRESS atlanta fl CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE ✓ Addition TITLE 5.1 TITLE JOSEPH MORGAN NAME **5.2 NAME** 740 BROADWAY - 12th FLOOR STREET ADDRESS 5.3 STREET ADDRESS NEW YORK, NY 10003 CITY-ST-ZIP 5.4 CITY - \$1 - ZIP Change DELETE ■ Addition TITLE 61 TITLE NAME 62 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CHY-ST-ZIP lly for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information it accurate and that my signature shall have the same legal effect as if made under oath; that I am and to oxecute this report as required by Chapter 607, Florida Statutes; and that my name appears in 14. I hereby certify that the information indicated on this armual report of officer or director of the corporate lied with this/filing does no encodal annual report is tru-re-receiver in trustee emply

01011451155

Block 12 or Block 13 if changed

TOMAN I CIER

alpalas

(212)673 5gm

FILED

May 15 1998 8:00am

Secretary of State