

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 # P94000081782 (2)

1. Corporation Name

SECOND ORLANDO AREA BLIMPIE REALTY, INC.



Principal Place of Business

Mailing Address

C/O UNITED CORPORATE SERVICES, INC.
801 NE 167TH ST., SUITE 300
N. MIAMI BEACH FL 33162

P.O. BOX 888287
801 NE 167TH ST., SUITE 300
DUNWOODY GA 30356-0287
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/08/1994

4. FEI Number

65-0540281

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

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

9. Name and Address of Current Registered Agent

UNITED CORPORATE SERVICES, INC.
801 NE 167TH ST.
SUITE 300
N. 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

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	PD	<input type="checkbox"/> DELETE
NAME	SIEGEL, DAVID L	
STREET ADDRESS	740 BROADWAY	
CITY-ST-ZIP	NEW YORK NY	
TITLE	VSD	<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 FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	DAVID L. SIEGEL	
1.3 STREET ADDRESS	740 BROADWAY - 12th FLOOR	
1.4 CITY-ST-ZIP	NEW YORK, NY 10003	
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 type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	PATRICK POMPEO	
4.3 STREET ADDRESS	740 BROADWAY - 12th FLOOR	
4.4 CITY-ST-ZIP	NEW YORK, NY 10003	
5.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	JOSEPH MORGAN	
5.3 STREET ADDRESS	740 BROADWAY - 12th FLOOR	
5.4 CITY-ST-ZIP	NEW YORK, NY 10003	
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)