

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

**FILED**  
**Apr 29 1997 8:00am**  
**Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1997**



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

**DOCUMENT # P94000085076 (5)**

1. Corporation Name  
**BLIMPIE AIRPARK FLORIDA LEASING CORP.**



Principal Place of Business  
**C/O 801 N.E. 167TH STREET SUITE 300 NORTH MIAMI BEACH FL 33162**

Mailing Address  
**P. O. BOX 888305 SUITE 300 DUNWOODY FL 30356-0305 US**

2. Principal Place of Business  
 21 **[ ]** Suite, Apt. #, etc.  
 22 **[ ]** City & State  
 23 **[ ]** Zip **[ ]** Country  
 24 **[ ]** 25 **[ ]**

2a. Mailing Address  
 26 **P.O. BOX 888287**  
 27 Suite, Apt. #, etc.  
 28 **DUNWOODY, GA**  
 29 **30356-0287** 30 **US**

3. Date Incorporated or Qualified **11/22/1994** 3a. Date of Last Report **05/01/1996**

4. FEI Number **65-0542601** 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**

7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**UNITED CORPORATE SERVICES, INC.  
 801 N.E. 167TH STREET  
 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 **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	<b>PD</b> <input type="checkbox"/> DELETE
NAME	<b>SIEGEL, DAVID L.</b>
STREET ADDRESS	<b>740 BROADWAY</b>
CITY-ST-ZIP	<b>NEW YORK NY</b>
TITLE	<b>V</b> <input type="checkbox"/> DELETE
NAME	<b>MORGAN, JOE</b>
STREET ADDRESS	<b>740 BROADWAY</b>
CITY-ST-ZIP	<b>NEW YORK NY</b>
TITLE	<b>SD</b> <input type="checkbox"/> DELETE
NAME	<b>LEANESS, CHARLES</b>
STREET ADDRESS	<b>740 BROADWAY</b>
CITY-ST-ZIP	<b>NEW YORK NY</b>
TITLE	<b>VT</b> <input type="checkbox"/> DELETE
NAME	<b>SITKOFF, ROBERT</b>
STREET ADDRESS	<b>1775 THE EXCHANGE, SUITE 600</b>
CITY-ST-ZIP	<b>ATLANTA GA</b>
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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 do 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 supplementary 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, checked, or on an attachment with an address.

SIGNATURE: \_\_\_\_\_ 4/23/97 770 984 2707

CP2E034 (9/96)