

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED  
Apr 29 1997 8:00am  
Secretary of State

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 29 30356-0287 30 US

2a. Mailing Address

26 P.O. BOX 888287

27 Suite, Apt. #, etc.

28 City & State

DUNWOODY, GA

29 Zip Country

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

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

DELETE

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

DELETE

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

DELETE

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

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE Change 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 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

4/23/97 770-984-2707

CP2E034 (9/96)