FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # P95000022681 (7)

1. Corporation Name

FIFTH INTERCONTINENTAL FLORIDA BLIMPIE LEASING C ORP.

Principal Place of Business
%UNITED CORPORATE SERVICES, INC.
801 N.E. 167TH ST., SUITE 300
N. MIAMI BEACH FL 33162

Mailing Address
%UNITED CORPORATE SERVICES, INC.
801 N.E. 167TH ST., SUITE 300
N. MIAMI BEACH FL 33162

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

2a. Mailing Address
26 P.O. BOX 888305
Suite, Apt. #, etc
27
City & State
28 DUNWOODY GA
Zip 29 30356-0305 Country 30 U.S.A.

3. Date Incorporated or Qualified: 03/21/1995
3a. Date of Last Report:
4. FEI Number: 58-2167437 ☐ 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 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

400001877604
-06/27/96--01024--009
***208.75

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	D	☒ DELETE
NAME	BARR, RAY A	
STREET ADDRESS	10 BANK ST.	
CITY-ST-ZIP	WHITE PLAINS NY 10606	
TITLE	D	☒ DELETE
NAME	SKUBICKI, MARK	
STREET ADDRESS	10 BANK ST.	
CITY-ST-ZIP	WHITE PLAINS NY 10606	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT	☐ Change ☒ Addition
1.2 NAME	DAVID L SIEGEL	
1.3 STREET ADDRESS	740 BROADWAY	
1.4 CITY-ST-ZIP	NEW YORK NY 10003-	
2.1 TITLE	VICE PRESIDENT	☐ Change ☒ Addition
2.2 NAME	ROBERT S SITKOFF	
2.3 STREET ADDRESS	1775 THE EXCHANGE, SUITE 600	
2.4 CITY-ST-ZIP	ATLANTA GA 30339-	
3.1 TITLE	SECRETARY	☐ Change ☒ Addition
3.2 NAME	CHARLES G LEANESS	
3.3 STREET ADDRESS	740 BROADWAY	
3.4 CITY-ST-ZIP	NEW YORK NY 10003-	
4.1 TITLE	TREASURER	☐ Change ☒ Addition
4.2 NAME	ROBERT S SITKOFF	
4.3 STREET ADDRESS	1775 THE EXCHANGE, SUITE 600	
4.4 CITY-ST-ZIP	ATLANTA GA 30339-	
5.1 TITLE	DIRECTOR	☐ Change ☒ Addition
5.2 NAME	DAVID L SIEGEL	
5.3 STREET ADDRESS	740 BROADWAY	
5.4 CITY-ST-ZIP	NEW YORK NY 10003-	
6.1 TITLE	DIRECTOR	☐ Change ☒ Addition
6.2 NAME	CHARLES G LEANESS	
6.3 STREET ADDRESS	740 BROADWAY	
6.4 CITY-ST-ZIP	NEW YORK NY 10003-	

CR2E034 (12/95)

05-01-96

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: ____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Robert Sitkoff

04/21/96 Date

(770) 698-8480 Daytime Phone #