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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 # **P95000022681 (7)**

1. Corporation Name

FIFTH INTERCONTINENTAL FLORIDA BLIMPIE LEASING C ORP.

Principal Place of Business	Mailing Address
% UNITED CORPORATE SERVICES, INC. 801 NE 167 ST. 300 NORTH MIAMI BEACH FL 33162 US	P.O. BOX 888287 DUNWOODY GA 30356-0287 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/21/1995

2. Principal Place of Business	2a. Mailing Address
21	26 1775 The Exchange
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 # 600
City & State 23	City & State 28 Atlanta, Georgia
Zip 24 / Country 25	Zip 29 30339 / Country 30 USA

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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
UNITED CORPORATE SERVICES, INC. 801 N.E. 167TH ST. SUITE 300 N. MIAMI BEACH FL 33162	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	VD	☒ Change ☐ Addition
NAME	SEIGEL, DAVID L		1.2 NAME	DAVID L. SIEGEL	
STREET ADDRESS	740 BROADWAY		1.3 STREET ADDRESS	740 BROADWAY - 12th FLOOR	
CITY-ST-ZIP	NEW YORK NY 10003		1.4 CITY-ST-ZIP	NEW YORK, NEW YORK 10003	
TITLE	VPT	☒ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	SITKOFF, ROBERT S		2.2 NAME		
STREET ADDRESS	1775 THE EXCHANGE, STE 600		2.3 STREET ADDRESS		
CITY-ST-ZIP	ATLANTA GA 30339		2.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	3.1 TITLE	VSD	☒ Change ☐ Addition
NAME	LEANESS, CHARLES G		3.2 NAME	CHARLES LEANESS	
STREET ADDRESS	740 BROADWAY		3.3 STREET ADDRESS	740 BROADWAY - 12th FLOOR	
CITY-ST-ZIP	NEW YORK FL 10003		3.4 CITY-ST-ZIP	NEW YORK, NY 10003	
TITLE		☐ DELETE	4.1 TITLE	P	☐ Change ☒ Addition
NAME			4.2 NAME	PATRICK POMPEO	
STREET ADDRESS			4.3 STREET ADDRESS	740 BROADWAY - 12th FLOOR	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	NEW YORK, NY 10003	
TITLE		☐ DELETE	5.1 TITLE	T	☐ Change ☒ Addition
NAME			5.2 NAME	JOSEPH W. MORGAN	
STREET ADDRESS			5.3 STREET ADDRESS	740 BROADWAY - 12th FLOOR	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	NEW YORK, NY 10003	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (10/97)

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.

SIGNATURE: _____ DAVID SIEGEL 3/23/98