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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 # P95000043221 (7)

1. Corporation Name
FOURTH TAMPA BLIMPIE REALTY VENTURE, INC.



Principal Place of Business

Mailing Address

16 UNITED CORPORATE SERVICES, INC.
601 NE 167 ST., STE. 300
N. MIAMI BEACH FL 33162

P.O. BOX 888287
ATLANTA GA 30358-0287

3. Date Incorporated or Qualified 06/06/1995
3a. Date of Last Report 12/13/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 P.O. BOX 888287

4. FEI Number 58-2180658
Applied For Not Applicable

22 City & State

27 Suite, Apt. #, etc.

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

23 Zip Country

28 DUNWOODY, GA

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

24 Zip Country

29 30356-0287

30 US

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

UNITED CORPORATE SERVICES, INC.
601 NE 167 ST., STE. 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

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

1.1 TITLE PRESIDENT/DIRECTOR ☐ Change ☒ Addition
1.2 NAME DAVID L. SIEGEL
1.3 STREET ADDRESS 740 BROADWAY
1.4 CITY-ST-ZIP NEW YORK, NY 10003

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

2.1 TITLE SECRETARY/DIRECTOR ☐ Change ☒ Addition
2.2 NAME CHARLES G. LEANESS
2.3 STREET ADDRESS 740 BROADWAY
2.4 CITY-ST-ZIP NEW YORK, NY 10003

TITLE D ☐ DELETE
NAME SIEGEL, DAVID L
STREET ADDRESS 740 BROADWAY
CITY-ST-ZIP NEW YORK FL 10003

3.1 TITLE TREASURER ☐ Change ☒ Addition
3.2 NAME ROBERT S. SITKOFF
3.3 STREET ADDRESS 1775 THE EXCHANGE, SUITE 600
3.4 CITY-ST-ZIP ATLANTA, GA 30339

TITLE D ☐ DELETE
NAME LEANESS, CHARLES G
STREET ADDRESS 740 BROADWAY
CITY-ST-ZIP NEW YORK FL 10003

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
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 applicable, or on an attachment with an address.

SIGNATURE

ROBERT S. SITKOFF 4/22/97 770-984-2707

CR2E034 (9/96)