

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000059623 (5)

1. Corporation Name

BLIMPIE OKALOOSA LEASING CORP.



Principal Place of Business

C/O UNITED CORPORATE SERVICES
801 NORTH EAST 167TH STREET, SUITE 300
NORTH MIAMI BEACH FL 33162

Mailing Address

C/O UNITED CORPORATE SERVICES
801 NORTH EAST 167TH STREET, SUITE 300
NORTH MIAMI BEACH FL 33162

2. Principal Place of Business

2a. Mailing Address

P.O. BOX 888305

3. Date Incorporated or Qualified

08/02/1995

3a. Date of Last Report

4. FEI Number
62-1612950

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

DUNWOODY GA

Zip

Country

30356-0305

Country U.S.A.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

UNITED CORPORATE SERVICES, INC.
801 NORTH EAST 167TH STREET
SUITE 300
NORTH MIAMI BEACH FL 33162

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83. 300001877613
-06/27/96--01024--016
84. City ****208.75 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 (if applicable)

Printed Registered Agent signature (required if extending)

DATE

12. OFFICERS AND DIRECTORS

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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 as an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/21/96

(770) 698-8480

CR2E034 (12/95)