

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

FILED

May 18 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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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

**P.O. BOX 888287  
DUNWOODY GA 30356-0287  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**08/02/1995**

4. FEI Number

**62-1612950**

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing

☐

**\$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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 **1775 The Exchange**

22 City & State

27 **#600**

23 Zip

28 **Atlanta, Georgia**

24 Country

29 **30339**

30 **USA**

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

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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE  
NAME **SIEGEL, DAVID L**  
STREET ADDRESS **740 BROADWAY**  
CITY-ST-ZIP **NEW YORK NY**

11 TITLE **V/D** ☒ Change ☐ Addition  
12 NAME **DAVID L. SIEGEL**  
13 STREET ADDRESS **740 BROADWAY - 12th FLOOR**  
14 CITY-ST-ZIP **NEW YORK, NY 10003**

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

21 TITLE **V/D** ☒ Change ☐ Addition  
22 NAME **CHARLES G. LEANESS**  
23 STREET ADDRESS **740 BROADWAY - 12th FLOOR**  
24 CITY-ST-ZIP **NEW YORK, NY 10003**

TITLE **T** ☒ DELETE  
NAME **SITKOFF, ROBERT S**  
STREET ADDRESS **1775 THE EXCHANGE, #600**  
CITY-ST-ZIP **ATLANTA GA**

31 TITLE ☐ Change ☐ Addition  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

41 TITLE **P** ☐ Change ☒ Addition  
42 NAME **JOSEPH MORGAN**  
43 STREET ADDRESS **740 BROADWAY - 12th FLOOR**  
44 CITY-ST-ZIP **NEW YORK, NY 10003**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

51 TITLE **T/S** ☐ Change ☒ Addition  
52 NAME **PATRICK POMPEO**  
53 STREET ADDRESS **740 BROADWAY - 12th FLOOR**  
54 CITY-ST-ZIP **NEW YORK, NY 10003**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**DAVID L. SIEGEL**

**3/23/98**

**(212) 673-5900**

Daytime Phone # **0013558**

CR2E034 (10/97)