

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED  
Apr 29 1997 8:00am  
Secretary of State

DOCUMENT # P95000067433 (9)

1. Corporation Name

THIRD BLIMPIE BROWARD LEASING CORP.



Principal Place of Business

C/O UNITED CORPORATE SERVICES, INC.  
801 N.E. 167TH STREET, SUITE 300  
NORTH MIAMI BEACH FL 33162

Mailing Address

C/O UNITED CORPORATE SERVICES, INC.  
801 N.E. 167TH STREET, SUITE 300  
NORTH MIAMI BEACH FL 33162-3729

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 P.O. BOX 888287  
Suite, Apt. #, etc.

27 City & State

28 DUNWOODY, GA

29 Zip

30356-0287

Country

US

3. Date Incorporated or Qualified

08/31/1995

3a. Date of Last Report

05/01/1996

4. FEI Number

65-0612833

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 NORTH EAST 167TH STREET  
SUITE 300  
NORTH 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

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

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

PD  
SIEGEL, DAVID L  
740 BROADWAY  
NEW YORK NY 10003

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SD  
LEANESS, CHARLES G  
740 BROADWAY  
NEW YORK NY 10003

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

T  
SITKOFF, ROBERT S  
1775 THE EXCHANGE, STE 600  
ATLANTA GA 30339

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

VP  
MORGAN, JOE  
740 BROADWAY  
NEW YORK NY 10003

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change

☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change

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☐ Addition

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 changed or on an attachment with an address.

SIGNATURE:

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

CR2E034 (9/96)