

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

FILED

May 18 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000089190 (9)

1. Corporation Name

BLIMPIE LAKE CITY 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

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 1775 The Exchange		11/21/1995	
22 City & State		27 # 600		4. FEI Number	
23 Zip		28 Atlanta, Georgia		58-2213236	
24 Country		29 30339		Applied For	
		30 USA		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

UNITED CORPORATE SERVICES, INC.  
801 N.E. 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	
NAME	POMPEO, PATRICK J	1.2 NAME	
STREET ADDRESS	740 BROADWAY	1.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10003	1.4 CITY-ST-ZIP	
TITLE	VPD	2.1 TITLE	V/D
NAME	SEIGEL, DAVID L	2.2 NAME	DAVID L. SIEGEL
STREET ADDRESS	740 BROADWAY	2.3 STREET ADDRESS	740 BROADWAY - 12th FLOOR
CITY-ST-ZIP	NEW YORK NY 10003	2.4 CITY-ST-ZIP	NEW YORK, NY 10003
TITLE	SD	3.1 TITLE	VSD
NAME	LEANESS, CHARLES G	3.2 NAME	CHARLES G. LEANESS
STREET ADDRESS	740 BROADWAY	3.3 STREET ADDRESS	740 BROADWAY - 12th FLOOR
CITY-ST-ZIP	NEW YORK NY 10003	3.4 CITY-ST-ZIP	NEW YORK, NY 10003
TITLE	T	4.1 TITLE	
NAME	SITKOFF, ROBERT S	4.2 NAME	
STREET ADDRESS	1775 THE EXCHANGE, STE 600	4.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA 30339	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	T
NAME		5.2 NAME	JOSEPH MORGAN
STREET ADDRESS		5.3 STREET ADDRESS	740 BROADWAY - 12th FLOOR
CITY-ST-ZIP		5.4 CITY-ST-ZIP	NEW YORK, NY 10003
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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; 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

Date: Daytime Phone # 0013816

CR2E034 (10/97)