

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000091857 (9)

1. Corporation Name

BLIMPIE JUSTICE FLORIDA LEASING CORP.



Principal Place of Business

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

Mailing Address

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

3. Date Incorporated or Qualified

12/04/1995

3a. Date of Last Report

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

P.O. BOX 888305

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FBI Number

58-2207967

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

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

500001877615
-06/27/96--01024--018
***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 in block and full name of the registered agent

Signature typed or printed in block and full name of the corporation

(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 STREET	
CITY-STATE-ZIP	WHITE PLAINS NY 10606	
TITLE	D	☒ DELETE
NAME	SKUBICKI, MARK	
STREET ADDRESS	10 BANK STREET	
CITY-STATE-ZIP	WHITE PLAINS NY 10606	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

1. TITLE	PRESIDENT	J POMPEO	☐ Change ☒ Addition
2. NAME	PATRICK		
3. STREET ADDRESS	740 BROADWAY		
4. CITY-STATE-ZIP	NEW YORK NY 10003		
5. TITLE	VICE PRESIDENT	L SIEGEL	☐ Change ☒ Addition
6. NAME	DAVID		
7. STREET ADDRESS	740 BROADWAY		
8. CITY-STATE-ZIP	NEW YORK NY 10003		
9. TITLE	SECRETARY	G LEANESS	☐ Change ☒ Addition
10. NAME	CHARLES		
11. STREET ADDRESS	740 BROADWAY		
12. CITY-STATE-ZIP	NEW YORK NY 10003		
13. TITLE	TREASURER	S SITKOFF	☐ Change ☒ Addition
14. NAME	ROBERT		
15. STREET ADDRESS	1775 THE EXCHANGE, SUITE 600		
16. CITY-STATE-ZIP	ATLANTA GA 30339		
17. TITLE	DIRECTOR	L SIEGEL	☐ Change ☒ Addition
18. NAME	DAVID		
19. STREET ADDRESS	740 BROADWAY		
20. CITY-STATE-ZIP	NEW YORK NY 10003		
21. TITLE	DIRECTOR	G LEANESS	☐ Change ☒ Addition
22. NAME	CHARLES		
23. STREET ADDRESS	740 BROADWAY		
24. CITY-STATE-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 on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/21/96

(770) 698-8480

Date

Signature of Officer or Director

CR2E034 (12/95)