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FILED
May 15 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1998

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

DOCUMENT # **P96000009765 (4)**

1. Corporation Name
FLORIDA BLIMPIE FRANCHISES, INC.

Principal Place of Business	Mailing Address
C/O UNITED CORPORATE SERVICES, INC. 801 N.E. 167TH STREET, SUITE 300 NORTH MIAMI BEACH FL 33162	P.O. BOX 888287 801 N.E. 167TH STREET, SUITE 300 DUNWOODY GA 30356-0287 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/31/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number: 22-2153252	☐ Applied For ☐ Not Applicable
21	26 1775 The Exchange		
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 #600	5. Certificate of Status Desired ☒	$8.75 Additional Fee Required
City & State 23	City & State 28 Atlanta, Georgia	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip 24 / Country 25	Zip 29 30339 / Country 30 USA	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VPD	☐ DELETE	1.1 TITLE	V/D	☒ Change ☐ Addition
NAME	SIEGEL, DAVID L		1.2 NAME	DAVID L. SIEGEL	
STREET ADDRESS	740 BROADWAY		1.3 STREET ADDRESS	740 BROADWAY - 12th FLOOR	
CITY-ST-ZIP	NEW YORK NY		1.4 CITY-ST-ZIP	NEW YORK, NY 10003	
TITLE	SD	☐ DELETE	2.1 TITLE	V/S/D	☒ Change ☐ Addition
NAME	LEANESS, CHARLES G		2.2 NAME	CHARLES G. LEANESS	
STREET ADDRESS	740 BROADWAY		2.3 STREET ADDRESS	740 BROADWAY - 12th FL	
CITY-ST-ZIP	NEW YORK NY		2.4 CITY-ST-ZIP	NEW YORK, NEW YORK 10003	
TITLE	T	☒ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	SITKOFF, ROBERT S		3.2 NAME		
STREET ADDRESS	1775 THE EXCHANGE, #600		3.3 STREET ADDRESS		
CITY-ST-ZIP	ATLANTA GA		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE	P	☐ Change ☒ Addition
NAME			4.2 NAME	PATRICK POMPEO	
STREET ADDRESS			4.3 STREET ADDRESS	740 BROADWAY - 12th FLOOR	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	NEW YORK, NY 10003	
TITLE		☐ DELETE	5.1 TITLE	T	☐ Change ☒ Addition
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		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (10/97)

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 added on an attachment with an address.

SIGNATURE: _____ DAVID L. SIEGEL 5/13/98 (212) 373-5200