

5-15-98 B- 7488 -C  
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
May 15 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 # P96000010213 (2)

1. Corporation Name

BLIMPIE CUTLER FLORIDA LEASING CORP.



Principal Place of Business P.O. BOX 888287 DUNWOODY GA 30356-0287 US	Mailing Address C/O UNITED CORPORATE SERVICES, INC. 801 NORTHEAST 167TH STREET-SUITE 300 NORTH MIAMI BEACH FL
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 United Corporate Services Suite, Apt. #, etc. 22 801 N.E 167th St., # 300 City & State 23 North Miami Beach, Florida Zip 24 33162 Country 25 USA		2a. Mailing Address 26 1775 The Exchange Suite, Apt. #, etc. 27 # 600 City & State 28 Atlanta, Georgia Zip 29 30339 Country 30 USA		3. Date Incorporated or Qualified 02/01/1996	4. FEI Number 58-2234449 Applied For Not Applicable	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 Zip Code
			FL	

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 \_\_\_\_\_

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VDP	<input type="checkbox"/> DELETE	1.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> 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	<input type="checkbox"/> DELETE	2.1 TITLE	VTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEANESS, CHARLES G		2.2 NAME	CHARLES G. LEANESS	
STREET ADDRESS	740 BROADWAY		2.3 STREET ADDRESS	740 BROADWAY - 12th FLOOR	
CITY-ST-ZIP	NEW YORK NY		2.4 CITY-ST-ZIP	NEW YORK, NY 10003	
TITLE	T	<input checked="" type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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		<input type="checkbox"/> DELETE	4.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			4.2 NAME	JOSEPH MORGAN	
STREET ADDRESS			4.3 STREET ADDRESS	740 BROADWAY - 12th FLOOR	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	NEW YORK, NY 10003	
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	S	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.2 NAME	PATRICK POMPEO	
STREET ADDRESS			5.3 STREET ADDRESS	740 BROADWAY - 12th FLOOR	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	NEW YORK, NY 10003	
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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:

DAVID L. SIEGEL 3/23/98 (122) 673 5900

CR2E034 (10/97)