

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

DOCUMENT # P96000033427 (1)

1. Corporation Name

BLIMPIE FORT FLORIDA LEASING CORP.

Principal Place of Business

C/O UNITED CORPORATE SERVICES, INC.
801 N.E. 187TH ST., STE. 300
NORTH MIAMI BEACH FL 33162

Mailing Address

C/O UNITED CORPORATE SERVICES, INC.
801 N.E. 187TH ST., STE. 300
NORTH MIAMI BEACH FL 33162-3729

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

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

27 City & State

28 DUNWOODY, GA

29 Zip

Country

30 30356-0287

US

9. Name and Address of Current Registered Agent

UNITED CORPORATE SERVICES, INC.
801 N.E. 187TH ST.
SUITE 300
NORTH MIAMI BEACH FL 33162

3. Date Incorporated or Qualified

04/17/1996

3a. Date of Last Report

4. FEI Number

65-0678702

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

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 filed if applicable

(NOTE - Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE
NAME BARR, RAY A
STREET ADDRESS 10 BANK ST.
CITY-ST-ZIP WHITE PLAINS NY 10606

TITLE D ☒ DELETE
NAME SKUBICKI, MARK
STREET ADDRESS 10 BANK ST.
CITY-ST-ZIP WHITE PLAINS NY 10606

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VP/DIRECTOR ☐ Change ☒ Addition
1.2 NAME DAVID L. SIEGEL
1.3 STREET ADDRESS 740 BROADWAY
1.4 CITY-ST-ZIP NEW YORK, NY 10003

2.1 TITLE SECRETARY/VP/DIRECTOR ☐ Change ☒ Addition
2.2 NAME CHARLES G. LEANESS
2.3 STREET ADDRESS 740 BROADWAY
2.4 CITY-ST-ZIP NEW YORK, NY 10003

3.1 TITLE TREASURER ☐ Change ☒ Addition
3.2 NAME ROBERT S. SITKOFF
3.3 STREET ADDRESS 1775 THE EXCHANGE, SUITE 600
3.4 CITY-ST-ZIP ATLANTA, GA 30339

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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

4/29/97 550 004 0705

FILED
Apr 29 1997 8:00am
Secretary of State



CR2E034 (9/96)