

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
--	---	--

DOCUMENT # P96000033427 (1)

1. Corporation Name

BLIMPIE FORT FLORIDA LEASING CORP.

Principal Place of Business

C/O UNITED CORPORATE SERVICES, INC.
801 N.E. 167TH ST., STE. 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
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Zip
24	29
Country	Country
25	30

3. Date Incorporated or Qualified	04/17/1996
4. FEI Number	65-0678702
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

9. Name and Address of Current Registered Agent
UNITED CORPORATE SERVICES, INC. 801 N.E. 167TH ST. 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
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 re-registering)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	VPD
NAME	SIEGEL, DAVID L
STREET ADDRESS	740 BROADWAY
CITY-ST-ZIP	NEW YORK NY
TITLE	SVPD
NAME	LEANESS, CHARLES G
STREET ADDRESS	740 BROADWAY
CITY-ST-ZIP	NEW YORK NY
TITLE	T
NAME	SITKOFF, ROBERT S
STREET ADDRESS	1775 THE EXCHANGE, #600
CITY-ST-ZIP	ATLANTA GA
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	VD
1.2 NAME	DAVID L. SIEGEL
1.3 STREET ADDRESS	740 BROADWAY - 12th FLOOR
1.4 CITY-ST-ZIP	NEW YORK, NY 10003
2.1 TITLE	VSD
2.2 NAME	CHARLES G. LEANESS
2.3 STREET ADDRESS	740 BROADWAY - 12th FLOOR
2.4 CITY-ST-ZIP	NEW YORK, NY 10003
3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	P
4.2 NAME	JOSEPH MORGAN
4.3 STREET ADDRESS	740 BROADWAY - 12th FLOOR
4.4 CITY-ST-ZIP	NEW YORK, NY 10003
5.1 TITLE	T
5.2 NAME	PATRICK POMPEO
5.3 STREET ADDRESS	740 BROADWAY - 12th FLOOR
5.4 CITY-ST-ZIP	NEW YORK, NY 10003
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID L. SIEGEL

3/23/98

1276735900

0013612

CR2E034 (10/97)