FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name	P96000033427
BLIMPIE FORT FLOR	IDA LEASING CORP.

Principal Place of Business Mailing Address

APPROYEU AND FILED 99 JAN 11 PM 4:37 SECRETARY OF STATE FALLAHASSEE, FLORIDA

C/O UNITED CORPORATE SERVICES, INC. 1775 THE EXCHANGE 801 N.E. 167TH ST., STE. 300 SUITE 800 NORTH MIAMI BEACH FL 33162 ATLANTA GA 30339			•	DO NOT WRITE IN TH	IS \$PACE	
	US			3. Date Incorporated or Qualifed 04/17/1996		
2. Principal Place of Business	2a. Mailing Address	_		4. FEI Number	Applied For	
21	26		-	65-0678702	Not Applicable	
Suite, Apt. #, etc.	Suite, Apt, #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State	City & State		-	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip Country 24 25	Zip Cot 30	untry	-	 This corporation owes the current year In Personal Property Tax. 	ntangible ☐ Yes ☐ No	
Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent			
UNITED CORPORATE SERVICES, INC. 801 N.E. 167TH ST.		81	Name			
		82	2 Street Address (P.O. Box Number is Not Acceptable)			
		83	83			
		84	City	F	85 Zip Code	
11. Pursuant to the provisions of Sections 607,0502 a	and 607.1508. Florida Statutes, the a	bove	-named comora	tion submits this statement for the nurpose of	of changing its registered	

Pursuant to the provisions of Sections 607,0502 and 607,1506, 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				- <u></u> -		
	Signature, typed or printed name of registered agent and tit		gistered Agent signature re			
12.	OFFICERS AND DIE	 	13.	ADDITIONS/CHANGES TO OFFICERS AI		
TITLE	VD	DELETE	1.1 TITLE		Change	☐ Addition
NAME	SIEGEL, DAVID L		1.2 NAME			
STREET ADDRESS	740 BROADWAY 12TH FL		1.3 STREET ADDRESS			
CITY-ST-ZIP	NEW YORK NY 10003	_	1.4 GITY-ST-ZIP	_		
TILE	VŠD	☐ DELETÉ	2.1 TITLE		☐ Change	Addition
NAME	Leaness, Charles G		2.2 NAME			
STREET ADDRESS	740 BROADWAY 12TH FL		2.3 STREET ADDRESS	700002742		
CITY-ST-ZIP	NEW YORK NY 10003		2. 4 CITY-ST-ZIP	<u> </u>	<u> </u>	013
ਸ਼ਾLE	P	☐ DELETE	3,1 TITLE	****158.75	THE STATE OF	
NAME	JOSEPH MORGAN		3.2 NAME			
STREET ADDRESS	740 BROADWAY 12TH FL	:	3.3 STREET ADDRESS			
CITY-ST-ZIP	NEW YORK NY 10003		3.4. CITY-\$T-ZIP			
TITLE	T	DELETE	4.1 TITLE		☐ Change	☐ Addition
NAME	PATRICK POMPEO		4. 2 NAME			
STREET ADDRESS	740 BROADWAY 12TH FL		4.3 STREET ADDRESS	ı		
CITY-ST-ZIP	NEW YORK NY 10003		4.4 CITY-ST-ZIP			
TITLE		☐ DELĒTĒ	5.1 TITLE	"	Change	☐ Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY-ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE	(h)	☐ Change	Addition
NAME			6.2 NAME	A 11/11		
STREET ADDRESS			6.3 STREET ADDRESS	7 ,,,		
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, with all other like empowered.

SIGNATURE: