

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

FILED

Apr 02 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000049428 (1)

1. Corporation Name

BURNS BLIMPIE, INC.

Principal Place of Business

C/O JERRY M. SYROP
1515 UNIVERSITY DR SUITE 218
CORAL SPRINGS FL 33071

Mailing Address

C/O JERRY M. SYROP
1515 UNIVERSITY DR SUITE 218
CORAL SPRINGS FL 33071-6086



3. Date Incorporated or Qualified

06/10/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 2100 LINTON BLVD.

26 2100 LINTON BLVD

4. FEI Number

65-0675435

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

City & State

23 DELRAY BEACH, FLORIDA

28 DELRAY BEACH, FLORIDA

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24 33483

25 PALM BCH

29 33483

30 PALM BCH

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SYROP, JERRY M
1515 UNIVERSITY DR
SUITE 218
CORAL SPRINGS FL 33071

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 date if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PRESIDENT ☐ DELETE
NAME MICHELE P. BURNS
STREET ADDRESS 1036 BUCIDA ROAD
CITY-ST-ZIP DELRAY BEACH, FLORIDA 33483

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE V.PRESIDENT ☐ DELETE
NAME MICHAEL J. SICILIANO
STREET ADDRESS 1233 BREAKERS WEST BLVD.
CITY-ST-ZIP WEST PALM BEACH, FLORIDA 33411

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE SECRETARY ☐ DELETE
NAME MICHAEL J. SICILIANO
STREET ADDRESS 1233 BREAKERS WEST BLVD.
CITY-ST-ZIP WEST PALM BEACH, FLORIDA 33411

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE TRES. ☐ DELETE
NAME MICHAEL J. SICILIANO
STREET ADDRESS 1233 BREAKERS WEST BLVD
CITY-ST-ZIP WEST PALM BEACH, FLORIDA 33411

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

-V. PRESIDENT

2/12/97

Date

561-278-7351

Daytime Phone #

0156844

CR2E034 (9/96)