

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

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PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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FILED
97 SEP -2 AM 9:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000057656 (6)
1. Corporation Name
NORTH ALABAMA BLIMPIE DEVELOPMENT, INC.

Principal Place of Business 1860 NE EGLIN PARKWAY FORT WALTON BEACH FL 32548	Mailing Address 1860 NE EGLIN PARKWAY FORT WALTON BEACH FL 32548
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 07/08/1996	3a. Date of Last Report
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2. Principal Place of Business 21 158 PEBBLE LANE Suite, Apt. #, etc. 22 City & State 23 ALABASTER AL Zip 24 35007 Country 25 USA	2a. Mailing Address 26 158 PEBBLE LANE Suite, Apt. #, etc. 27 City & State 28 ALABASTER AL Zip 29 35007 Country 30 USA
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4. FEI Number 59-3393109	Applied For Not Applicable
5. Certificate of Status Desired <input 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 checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**JENRICH, ERIC
1860 NE EGLIN PARKWAY 50 S.W. BEAL PKWY
FORT WALTON BEACH FL 32548 SUITE 5**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	800002283518--7
83	-09/03/97--01026--014
84 City	FL ***165.00 ***165.00

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

TITLE	PRESIDENT & TREASURER <input type="checkbox"/> DELETE
NAME	MICHAEL J. CICALARELLI
STREET ADDRESS	158 PEBBLE LANE
CITY-ST-ZIP	ALABASTER AL 35007
TITLE	VICE PRESIDENT & SECRETARY <input type="checkbox"/> DELETE
NAME	ERIC DAVID JENRICH
STREET ADDRESS	50 S.W. BEAL PKWY SUITE 5
CITY-ST-ZIP	FT. WALTON BCH FL 32548
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 _____

CR2E034 (4/97)

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North Alabama Blimpie Development, Inc.
50 S.W. Beal Parkway, Suite 5
Ft. Walton Beach, FL 32548
(850) 244-1207 *phone* (850) 244-5299 *fax*

August 1, 1997

FLORIDA DEPARTMENT OF STATE
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

Per my conversation with a representative at your office, I am writing this letter to inform you that this is the first and only notice that I have received for my 1997 Profit Corporation Annual Report. I was informed to pay the regular fee, not the late charge, and enclose a letter stating the reason for doing so. Enclosed you will find my payment of \$165.00. If you have any other questions please feel free to contact me at the above listed number.

Sincerely,


Eric D. Jenrich