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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997 DOCUMENT # P9600086689 (2)

BI IMPIEJ INIVERSITY INC

FILED May 06 1997 8:00am Secretary of State

BLIMPIE	E-UNIVERS	SITY, INC.											
Principal Plan	ice of Busines	38	Mailing	Address				1	i hedinddi ere hakid dhiin godh ddini danii berki b		III ANTO ANTO	r foar ittel	
2305 E. FOWL TAMPA FL 336				2305 E. FOWLER AVENUE TAMPA FL 33612-5509									
								3.	Date Incorporated or Qualified 10/13/1996	3a. Da	e of Last F	leport	
2. Principal Place of Business 2a. Mailing Address								4.	4. FEI Number Applied For				
21			26					<u> </u>				ot Applicable	
Suite, Apt. #, etc.			27				······	5.	Certificate of Status Desired			Additional equired	
City & Sta	ate			& State				6.	Election Campaign Financing			May Be	
23 Zip		Country	28 Zip		Co	untry		-	Trust Fund Contribution This correction has liability for interest.			to Fees	
24		25	29		30	···· ,) D.	This corporation has liability for int		ax unoers]No	1. 199.032,	
	9. Name	and Address of Curren		Agent	100	T	······································	10.	Name and Address of New Regi				
LFF	, ANDREA					81	Name						
2305 E. FOWLER AVENUE TAMPA FL 33612							Street Addre	ddress (P.O. Box Number is Not Acceptable)			 "		
וטוי	WI 71 I L 000	, IE	•			B3			·		····	i	
						84	City			FL	85 Zip	Code	
11. Pursuan office or agent. I	it to the provis registered a am familiar w	sions of Sections 607.050 gent, or both, in the State vith, and accept the obliga	2 and 607.150 of Florida. Su ations of, Sect	08, Florida Statut uch change was s tion 607.0505, Flo	es, the a authorize orida Sta	bove of by	a-named corp the corporati	oratic on's i	on submits this statement for the puboard of directors. I hereby accept	pose of the appo	changing i intment as	ts registered registered	
SIGNATURE		d or panied name of registered age	est and tile if applic	able (NO1	Renisten	od Ane	nt signature require	d who	n reinetatino)	DATE			
12.	Organia are types	OFFICERS ANI			13.	ou Ago	ut signature require		ADDITIONS/CHANGES TO OFFICE		DIRECTOR	S IN 12	
TITLE	D			DELETE		iTLE	· · · · · · · · · · · · · · · · · · ·				Change	Addition	
NAME	LEE, ANI	OREA			1.21	IAME							
STREET ADDRESS	2305 E.	FOWLER AVENUE			1.3 5	TREET	ADDRESS		•				
CITY-ST-ZIP	TAMPA F	L 33612			140	HY-S	Y-ZIP						
TITLE				DELETE	2.1	ntlŧ					Change	Addition	
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NAME				1 I DELETE									
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I. 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 plock 13 if changed or man attachment with an address.

SIGNATURE:

WAR OFFICER ON DIRECTOR DUS CLUB Date