## 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 # P9700069134 1. Corporation Name

BLIMPIE AT LAUDERDALE LAKES, INC.

| ,  |  |  |                         |   |  |  |                |
|--|--|--|-------------------------|---|--|--|----------------|
| Principal Place  | e of Business  | Mailing Address                        |                         |   | [ [381]431   10 15114   0011 0011 00111 0                    | ### ################################## | INTO DIGITED   |
| 3600 WEST COMMERCIAL BLVD 3600 WEST COMMERCIAL BLVD  |  |  | LVD                     |   |  |  |                |
| BAY 1078 BAY 1078  |  |  |                         |   |  |  |                |
| LAUDERDALE LAKES FL 33309 LAUDERDALE LAKES FL 33309  |  |  |                         |   | DO NOT WRITE IN THIS SPACE                                   |  |                |
|  |  |  |                         |   | 3. Date Incorporated or Qualifed                             |  |                |
|  |  |  |                         |   | 08/11/1997   |  |                |
| 2. Principal Pl  | ace of Business  | 2a. Mailing Address                    |                         | 1001  | 4. FEI Number  | Apr                                    | plied For      |
| 21   |  | 26 4830 と                              | $\omega$                | 193Ln   | 65-0774057   | No                                     | t Applicable   |
| Suite, Apt.  | #, etc.  | Suite, Apt. #, etc.                    |                         |   |  | \$8.75 A                               | Additional     |
| 22   |  | City & Canada                          |                         | <del>-</del>  |  |  | <del></del>    |
| City & State   | 8  | City & State 28 Ft. Lauder             | dale                    | , FL  | 6. Election Campaign Financing Trust Fund Contribution       | □ \$5.00<br>Added to                   |                |
| Zip  | Country  | <sup>zi</sup> 333332                   | Countr                  | λS  | This corporation owes the current     Personal Property Tax. | year Intangible                        | ×No            |
| 24   | 11   | 1201                                   | 301                     |   | 10. Name and Address of New Reg                              |  |                |
| 9. Name and Address of Current Registered Agent  81 Name   |  |  |                         |   |  |  |                |
| PANGIA JOSEPH J  |  |  |                         |   |  |  |                |
|  |  |  |                         | 82 Street Address (P.O. Box Number is Not Acceptable) |  |  |                |
|  |  |  |                         | <u> </u>  | · · · · · · · · · · · · · · · · · · ·                        |  |                |
| TOTT EADERDALE TE SOSSE  |  |  |                         | <b>'</b>  |  |  |                |
|  |  |  |                         | City  | ,  | FL 85 Zip C                            | Code           |
| 44 Dispused to the applications of Sections 607 0502 and 607 1508. Florida Statutes, the above-named compration 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)   |  |  |                         |   | d when reinstating)  | DATE                                   | i              |
| 12.  | OFFICERS AND DIRECTORS 13.   |  |                         |   | ADDITIONS/CHANGES TO OFFIC                                   | ERS AND DIRECTO                        | RS IN 12       |
| TITLE  | PD   | ☐ DELETE                               | 1.1 TITLE               |   |  | Change                                 | ☐ Addition     |
| NAME   | PANGIA, JOSEPH J   |  | 1.2 NAME                |   |  |  | {              |
| STREET ADDRESS   | ACCOUNT OF THE PARTY OF THE PAR |  |                         | TADDRESS  |  |  | ļ              |
|  |  |  |                         | ST-ZIP  |  |  | 1              |
| CITY-ST-ZIP  | VSTD   | ☐ DELETE                               | 2.1 TITLE               | <u> </u>  |  | Change                                 | Addition       |
| NAME   | PANGIA, AILEEN C   |  | 2.2 NAME                |   |  |  |                |
|  | The same of the sa |  |                         | T ADDRESS   |  |  |                |
| The same of the sa |  |  |                         | ST-ZIP  |  |  | <del></del> }. |
| CITY-ST-ZIP ∌  | LAUDENDALE CARES PL 30309  | ☐ DELETE                               | 3.1 TITLE               | 31.2F   | ······································                       | ☐ Change                               | Addition       |
|  |  | C beer it                              | 3.2 NAME                |   |  |  | _              |
| NAME   |  |  |                         | T ADDRESS   |  |  |                |
| STREET ADDRESS   |  |  |                         |   |  |  |                |
| CITY-ST-ZIP  | <u> </u>   | ☐ DELETE                               | 3.4. CITY-<br>4.1 TITLE | 51-ZIP  | <del></del>  | [ ] Change                             | Addition       |
| TITLE  |  | ☐ DETELE                               | 1                       | .   |  |  |                |
| NAME   |  |  | 4, 2 NAME               | l l   |  |  |                |
| STREET ADDRESS   |  |  |                         | T ADDRESS   |  |  | }              |
| CITY-ST-ZIP  |  | —————————————————————————————————————— | 4.4 CITY-               |   |  |  | Addition       |
| TITLE  |  | ☐ DELETE                               | 5.1 TITLE               | - 1   |  | Change                                 |                |
| NAME   |  |  | 5.2 NAME                | - 1   |  |  |                |

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.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

☐ DELETE

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

Change

☐ Addition

May 01, 1999 8:00 am Secretary of State

05-01-1999 90047 022 \*\*\*150.00