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95 MAY -1 AM 9:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995

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

DOCUMENT # S53540 (8)

1. Corporation Name
COLLIER COUNTY BLIMPIE REALTY, INC.

Principal Place of Business	Mailing Address
% 4651 SHERIDAN STREET SUITE 425 HOLLYWOOD FL 33021	P.O. BOX 888305 SUITE 425 DUNWOODY GA 30356-0305 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/17/1991
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21 c/o UNITED CORPORATE SERVICES
22 801 N.E. 167TH ST., SUITE 300
23 NORTH MIAMI BEACH, FL.
24 Zip 33162
25 Country US

2a. Mailing Address
26 P.O. Box 888305
27
28 DUNWOODY, GA.
29 Zip 30356-0305
30 Country US

4. FEI Number: 58-1993439 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

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

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name: UNITED CORPORATE SERVICES, INC.
82 Street Address (P.O. Box Number is Not Acceptable): 801 N.E. 167TH ST., SUITE 300
83
84 City: NORTH MIAMI BEACH FL 85 Zip Code: 33162

11. Pursuant to the provisions of Section 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: RAY A. BARR (Signature of a director or principal officer of new registered agent, if other than applicant) 4/28/95 (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE		☐ Change ☐ Addition
NAME	CONZA, TONY	1.2 NAME		
STREET ADDRESS	740 BROADWAY	1.3 STREET ADDRESS		
CITY ST ZIP	NEW YORK NY	1.4 CITY ST ZIP		
TITLE	D	2.1 TITLE		☐ Change ☐ Addition
NAME	SIEGEL, DAVID L.	2.2 NAME		
STREET ADDRESS	740 BROADWAY	2.3 STREET ADDRESS		
CITY ST ZIP	NEW YORK NY	2.4 CITY ST ZIP		
TITLE	P	3.1 TITLE		☐ Change ☐ Addition
NAME	POMPEO, PATRICK	3.2 NAME		
STREET ADDRESS	740 BROADWAY	3.3 STREET ADDRESS		
CITY ST ZIP	NEW YORK NY	3.4 CITY ST ZIP		
TITLE	VS	4.1 TITLE		☐ Change ☐ Addition
NAME	LEANESS	4.2 NAME		
STREET ADDRESS	740 BROADWAY	4.3 STREET ADDRESS		
CITY ST ZIP	NEW YORK NY	4.4 CITY ST ZIP		
TITLE	TAS	5.1 TITLE	V/T	☒ Change ☐ Addition
NAME	SITKOFF, ROBERT	5.2 NAME		
STREET ADDRESS	1775 THE EXCHANGE #215	5.3 STREET ADDRESS		
CITY ST ZIP	ATLANTA GA	5.4 CITY ST ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY ST ZIP		6.4 CITY ST ZIP		

14. I declare to certify that the information supplied with this filing is accurately transcribed and 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, added or deleted.

SIGNATURE: [signature] 4/29/95

SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR (Date) (Telephone Number)

0003433 CP