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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **S53540** (8)

1. Corporation Name

COLLIER COUNTY BLIMPIE REALTY, INC.



Principal Place of Business

Mailing Address

**C/O UNITED CORPORATE SERVICES
801 NE 167TH ST., SUITE 300
NORTH MIAMI BEACH FL 33162
US**

**P.O. BOX 888305
SUITE 425
DUNWOODY GA 30356-0305
US**

3. Date Incorporated or Qualified
05/17/1991

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**UNITED CORPORATE SERVICES INC.
801 NE 167TH ST.
SUITE 300
NORTH MIAMI BEACH FL 33162**

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. Thereby 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 or director

Signature typed or printed name of registered agent or director

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
CONZA, TONY
740 BROADWAY
NEW YORK NY**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
SIEGEL, DAVID L.
740 BROADWAY
NEW YORK NY**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
POMPEO, PATRICK
740 BROADWAY
NEW YORK NY**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VS
LEANESS
740 BROADWAY
NEW YORK NY**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VT
SITKOFF, ROBERT
1775 THE EXCHANGE #215
ATLANTA GA**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

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

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

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

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(g), 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, unchanged, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT SITKOFF

4/29/96

770-698-8480

CR2E034 (12/95)