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

APPROVED AND FILED

00135

PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

99 JAN 11 PM 4: 34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S53540

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	1775 THE EXCHANGE 600 ATLANTA GA 30339 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed
05/17/1991

2. Principal Place of Business 21		2a. Mailing Address 26		4. FEI Number **58-1993439**	Applied For Not Applicable
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		5. Certifcate of Status Desired ☒	**$8.75** Additional Fee Required
City & State 23		City & State 28		6. Election Campaign Financing ☐ Trust Fund Contribution	**$5.00** May Be Added to Fees
Zip 24	Country 25	Zip 29	Country 30	8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No	

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. 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 required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE **D** ☐ DELETE		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 **VD** ☐ DELETE		2.1 TITLE	☐ Change ☐ Addition
NAME **SIEGEL, DAVID L.**		2.2 NAME	900002742559--5
STREET ADDRESS **740 BROADWAY 12TH FL**		2.3 STREET ADDRESS	-01/14/99--01113--017
CITY-ST-ZIP **NEW YORK NY 10003**		2.4 CITY-ST-ZIP	****158.75 ****158.75
TITLE **P** ☐ DELETE		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 **VSD** ☐ DELETE		4.1 TITLE	☐ Change ☐ Addition
NAME **LEANESS, CHARLES**		4.2 NAME	
STREET ADDRESS **740 BROADWAY 12TH FL**		4.3 STREET ADDRESS	
CITY-ST-ZIP **NEW YORK NY 10003**		4.4 CITY-ST-ZIP	
TITLE **T** ☐ DELETE		5.1 TITLE	☐ Change ☐ Addition
NAME **MORGAN, JOSEPH**		5.2 NAME	
STREET ADDRESS **740 BROADWAY 12TH FL**		5.3 STREET ADDRESS	
CITY-ST-ZIP **NEW YORK NY 10003**		5.4 CITY-ST-ZIP	
TITLE ☐ DELETE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (11/98)

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.

SIGNATURE: _____ 1/5/99 (212) 673-5900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #
(LEANESS)