**FILE NOW: FILING FEE AFTER MAY 1 IS $225.00**

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAY -1 AM 9:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S59292** **(O)**

1. Corporation Name
**NORTHWEST FLORIDA BLIMPIE REALTY, INC.**

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

DO NOT WRITE IN THIS SPACE

| | |
|---|---|
| 2. Principal Place of Business: 21 801 N.E. 167TH ST | 2a. Mailing Address: 26 P.O. BOX 888305 |
| Suite, Apt #, etc.: 22 SUITE 300 | Suite, Apt #, etc.: 27 |
| City & State: 23 N. MIAMI BEACH, FL. | City & State: 28 DUNWOODY, GA |
| Zip: 24 33162 — Country: 25 US | Zip: 29 30356-0305 — Country: 30 US |

3. Date Incorporated or Qualified: 06/10/1991
3a. Date of Last Report: 05/01/1994
4. FEI Number: 58-1993532 ☐ 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 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 Ray A. Barr 4/28/95

12. OFFICERS AND DIRECTORS

| TITLE | NAME | STREET ADDRESS | CITY ST ZIP |
|---|---|---|---|
| D | CONZA, ANTHONY | 740 BROADWAY | NEW YORK NY |
| D | MORGAN, JOSEPH W. | 740 BROADWAY | NEW YORK NY 10003 |
| PS | LEANNESS, CHARLES | 740 BROADWAY | NEW YORK NY |
| V | SIEGEL, DAVID L. | 740 BROADWAY | NEW YORK NY |
| TAS | SITKOFF, ROBERT | 1775 THE EXCHANGE | ATLANTA GA |
| | | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | TITLE | NAME | STREET ADDRESS | CITY ST ZIP | Change | Addition |
|---|---|---|---|---|---|---|
| 1 | | | | | ☐ | ☐ |
| 2 | | | | | ☐ | ☐ |
| 3 | | | | | ☐ | ☐ |
| 4 | | | | | ☐ | ☐ |
| 5 | | | | | ☐ | ☐ |
| 6 | | | | | ☐ | ☐ |

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)(k), 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.

SIGNATURE: [signature] 4/29/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0008432 CP