

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

FILED

95 MAY 26 AM 10:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

100001501141  
-05/30/95--01032--007  
\*\*\*\*208.75 \*\*\*\*208.75

DO NOT WRITE IN THIS SPACE

CORPORATION  
ANNUAL REPORT  
1995

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

DOCUMENT # S59295 (3)

1. Corporation Name

ORLANDO AREA BLIMPIE REALTY, INC.

Principal Place of Business

% 4651 SHERIDAN STREET, SUITE 425  
HOLLYWOOD FL 33021

Mailing Address

P.O. BOX 888005  
ATLANTA GA 30356-0005  
US

2. Principal Place of Business

21 801 N.E. 167TH ST.

Suite, Apt. # etc.

22 SUITE 300

City & State

23 N. MIAMI BEACH, FL.

Zip

24 33162

25 US

2a. Mailing Address

26 Suite, Apt. # etc.

27 City & State

28

29

30

3. Date Incorporated or Qualified

06/10/1991

3a. Date of Last Report

05/01/1994

4. FEI Number

58-1993533

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

7. This corporation has liability for intangible tax under S. 199.005,  
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 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 - CHANGE PREVIOUSLY FILED

4/28/95

12. OFFICERS AND DIRECTORS

| TITLE | NAME              | STREET ADDRESS     | CITY     | ST | ZIP |
|-------|-------------------|--------------------|----------|----|-----|
| D     | MORGAN, JOSEPH W. | 740 BROADWAY       | NEW YORK | NY |     |
| DP    | SIEGEL, DAVID L.  | 740 BROADWAY       | NEW YORK | NY |     |
| DS    | LEANESS, CHARLES  | 740 BROADWAY       | NEW YORK | NY |     |
| V     | POMPEO, PATRICK   | 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     |      |                |      |    |     | <input type="checkbox"/> | <input type="checkbox"/> |
| 2     |      |                |      |    |     | <input type="checkbox"/> | <input type="checkbox"/> |
| 3     |      |                |      |    |     | <input type="checkbox"/> | <input type="checkbox"/> |
| 4     |      |                |      |    |     | <input type="checkbox"/> | <input type="checkbox"/> |
| 5     |      |                |      |    |     | <input type="checkbox"/> | <input type="checkbox"/> |
| 6     |      |                |      |    |     | <input type="checkbox"/> | <input type="checkbox"/> |
| 7     |      |                |      |    |     | <input type="checkbox"/> | <input type="checkbox"/> |
| 8     |      |                |      |    |     | <input type="checkbox"/> | <input type="checkbox"/> |
| 9     |      |                |      |    |     | <input type="checkbox"/> | <input type="checkbox"/> |
| 10    |      |                |      |    |     | <input type="checkbox"/> | <input type="checkbox"/> |
| 11    |      |                |      |    |     | <input type="checkbox"/> | <input type="checkbox"/> |
| 12    |      |                |      |    |     | <input type="checkbox"/> | <input type="checkbox"/> |
| 13    |      |                |      |    |     | <input type="checkbox"/> | <input type="checkbox"/> |
| 14    |      |                |      |    |     | <input type="checkbox"/> | <input type="checkbox"/> |
| 15    |      |                |      |    |     | <input type="checkbox"/> | <input type="checkbox"/> |
| 16    |      |                |      |    |     | <input type="checkbox"/> | <input type="checkbox"/> |
| 17    |      |                |      |    |     | <input type="checkbox"/> | <input type="checkbox"/> |
| 18    |      |                |      |    |     | <input type="checkbox"/> | <input type="checkbox"/> |
| 19    |      |                |      |    |     | <input type="checkbox"/> | <input type="checkbox"/> |
| 20    |      |                |      |    |     | <input type="checkbox"/> | <input type="checkbox"/> |

REMITTED BY MAY 1

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/95

Exhibit Three