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May 15 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # **S81166** (8)  
1. Corporation Name  
**SECOND NORTHWEST FLORIDA BLIMPIE REALTY, INC.**



Principal Place of Business

Mailing Address

P.O. BOX 888305  
DUNWOODY GA 30356-0305

P.O. BOX 888287  
DUNWOODY GA 30356-0287  
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
21 1775 The Exchange  
Suite, Apt. #, etc.  
22 #600  
City & State  
23 Atlanta, Georgia  
Zip  
24 30339  
Country  
25 USA  
2a. Mailing Address  
26 1775 The Exchange  
Suite, Apt. #, etc.  
27 #600  
City & State  
28 Atlanta, Georgia  
Zip  
29 30339  
Country  
30 USA

3. Date Incorporated or Qualified  
09/18/1991  
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  
7. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

8. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

UNITED CORPORATE SERVICES, INC.  
801 NORTHEAST 167TH STREET, #300  
NORTH MIAMI BEACH FL 33162

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code  
FL

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  
TITLE P  
NAME POMPEO, PATRIC  
STREET ADDRESS 740 BROADWAY  
CITY-ST-ZIP NEW YORK NY 10003  
TITLE VPD  
NAME SIEGEL, DAVID L  
STREET ADDRESS 740 BROADWAY  
CITY-ST-ZIP NEW YORK NY  
TITLE T  
NAME SITKOFF, ROBERT S  
STREET ADDRESS 1775 THE EXCHANGE, #600  
CITY-ST-ZIP ATLANTA GA  
TITLE SD  
NAME LEANESS, CHARLES G  
STREET ADDRESS 740 BROADWAY  
CITY-ST-ZIP NEW YORK NY  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE P  
1.2 NAME PATRICK POMPEO  
1.3 STREET ADDRESS 740 BROADWAY - 12TH FLOOR  
1.4 CITY-ST-ZIP NEW YORK, NY 10003  
2.1 TITLE V/D  
2.2 NAME DAVID L. SIEGEL  
2.3 STREET ADDRESS 740 BROADWAY - 12TH FLOOR  
2.4 CITY-ST-ZIP NEW YORK, NY 10003  
3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
4.1 TITLE V/S/D  
4.2 NAME CHARLES G. LEANESS  
4.3 STREET ADDRESS 740 BROADWAY - 12TH FLOOR  
4.4 CITY-ST-ZIP NEW YORK, NY 10003  
5.1 TITLE T  
5.2 NAME JOSEPH MORGAN  
5.3 STREET ADDRESS 740 BROADWAY - 12TH FLOOR  
5.4 CITY-ST-ZIP NEW YORK, NY 10003  
6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this form 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.

CR2E034 (10/97)