

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

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99 JAN 11 PM 4:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**PROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # S81166

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

Principal Place of Business 1775 THE EXCHANGE 600 ATLANTA GA 30339 US	Mailing Address 1775 THE EXCHANGE 600 ATLANTA GA 30339 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/18/1991	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 58-1993532	
22	City & State	27	City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. 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

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	POMPEO, PATRIC		1.2 NAME	600002742556--4	
STREET ADDRESS	740 BROADWAY 12TH FL		1.3 STREET ADDRESS	-01/14/99-01113-016	
CITY-ST-ZIP	NEW YORK NY 10003		1.4 CITY-ST-ZIP	****158.75 ****158.75	
TITLE	VD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SIEGEL, DAVID L		2.2 NAME		
STREET ADDRESS	740 BROADWAY 12TH FL		2.3 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY 10003		2.4 CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MORGAN, JOSEPH		3.2 NAME		
STREET ADDRESS	740 BROADWAY 12TH FL		3.3 STREET ADDRESS		
CITY-ST-ZIP	ATLANTA GA 30303		3.4 CITY-ST-ZIP	New York, NY 10003	
TITLE	VSD	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LEANESS, CHARLES G		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		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			6.2 NAME	M III	
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: _____ Date: **1/5/99** Daytime Phone #: **(22) 673-5900**

(LEANESS)

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