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 # V18134 (9)

1. Corporation Name
SECOND NORTHWEST FLORIDA BLIMPIE, INC.

Principal Place of Business	Mailing Address
4651 SHERIDAN ST. SUITE 425 HOLLYWOOD FL	P.O. BOX 888305 SUITE 425 ATLANTA GE 30356-0305 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 801 N.E. 167TH ST.	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 / Country 24 33162 / 25 US	Zip / Country 29 30356-0305 / 30 US

3. Date Incorporated or Qualified: 02/28/1992
3a. Date of Last Report: 05/01/1994
4. FEI Number: 58-2071452 (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 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: Roy A. Barr (Signature, typed or printed name of registered agent and title if officer) (New Registered Agent signature required when applicable) DATE: 4/28/95

12. OFFICERS AND DIRECTORS	
TITLE	TAS
NAME	SITKOFF, ROBERT
STREET ADDRESS	1775 THE EXCHANGE, SUITE 215
CITY ST ZIP	ATLANTA GA
TITLE	DP
NAME	SIEGEL, DAVID L.
STREET ADDRESS	740 BROADWAY
CITY ST ZIP	NEW YORK NY
TITLE	S
NAME	LEANESS, CHARLES
STREET ADDRESS	740 BROADWAY
CITY ST ZIP	NEW YORK NY
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
11 TITLE	T/V	☒ Change ☐ Addition
12 NAME		
13 STREET ADDRESS		
14 CITY ST ZIP		
21 TITLE	PRESIDENT	☒ Change ☐ Addition
22 NAME	PATRICK POMPEO	
23 STREET ADDRESS	740 BROADWAY	
24 CITY ST ZIP	NEW YORK, NY. 10003	
31 TITLE	VP/SECRETARY/DIRECTOR	☒ Change ☐ Addition
32 NAME	CHARLES LEANESS	
33 STREET ADDRESS	740 BROADWAY	
34 CITY ST ZIP	NEW YORK, NY 10003	
41 TITLE	DIRECTOR	☐ Change ☒ Addition
42 NAME	DAVID L. SIEGEL	
43 STREET ADDRESS	740 BROADWAY	
44 CITY ST ZIP	NEW YORK, NY 10003	
51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY ST ZIP		
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
64 CITY ST ZIP		

14. I do hereby certify that the information supplied with this filing 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 added, or attached with an address.

SIGNATURE: [signature] 4/24/95
SIGNATURE AND TYPED OR PRINTED NAME OF FLORIDA OFFICER OR DIRECTOR — Date — Daytime Phone #

0000482 CP