

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Apr 29 1997 8:00am
Secretary of State

DOCUMENT # V18134 (9)

1. Corporation Name
SECOND NORTHWEST FLORIDA BLIMPIE, INC.

Principal Place of Business

801 NE 167TH ST.
SUITE 300
N MIAMI BEACH FL 33162
US

Mailing Address

P.O. BOX 888305
SUITE 425
DUNWOODY GA 30356-0305
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25 29 30356-0287 30 US

2a. Mailing Address

26 P.O. BOX 888287

27 Suite, Apt. #, etc.

28 City & State

DUNWOODY, GA

29 Zip Country

3. Date Incorporated or Qualified

02/28/1992

3a. Date of Last Report

05/01/1996

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

UNITED CORPORATE SERVICES INC.
801 NE 167TH ST.
SUITE 300
NORTH MIAMI BEACH FL 33162

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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

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 TV ☐ DELETE

NAME SITKOFF, ROBERT
STREET ADDRESS 1775 THE EXCHANGE, SUITE 215
CITY-ST-ZIP ATLANTA GA

TITLE P ☐ DELETE

NAME POMPEO, PATRICK
STREET ADDRESS 740 BROADWAY
CITY-ST-ZIP NEW YORK NY

TITLE VSD ☐ DELETE

NAME LEANESS, CHARLES
STREET ADDRESS 740 BROADWAY
CITY-ST-ZIP NEW YORK NY

TITLE D ☐ DELETE

NAME SIEGEL, DAVID L.
STREET ADDRESS 740 BROADWAY
CITY-ST-ZIP NEW YORK NY

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

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 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 its 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:

ROBERT SITKOFF 4/22/97 770-984-2707

CR2E034 (9/96)