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Apr 29 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **V54387** (8)
1. Corporation Name
THIRD NORTHWEST FLORIDA BLIMPIE REALTY, INC.



Principal Place of Business
**UNITED CORPORATE SERVICES, INC.
801 NORTHEAST 167TH STREET, SUITE 300
NORTH MIAMI BEACH FL 33162**

Mailing Address
**P.O. BOX 888305
DUNWOODY GA 30356-0305
US**

3. Date Incorporated or Qualified
07/31/1992

3a. Date of Last Report
05/01/1996

4. FEI Number
58-2071556

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 P.O. BOX 888287

27 Suite, Apt. #, etc.

28 City & State

29 30356-0287 30 US

9. Name and Address of Current Registered Agent
**UNITED CORPORATE SERVICES, INC.
801 NORTHEAST 167TH STREET
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

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

1.1 TITLE ☐ DELETE

1.2 NAME **S LEANESS, CHARLES**

1.3 STREET ADDRESS **740 BROADWAY**

1.4 CITY-ST-ZIP **NEW YORK NY**

1.5 TITLE ☐ DELETE

1.6 NAME **P SIEGEL, DAVID**

1.7 STREET ADDRESS **740 BROADWAY**

1.8 CITY-ST-ZIP **NEW YORK NY**

1.9 TITLE ☐ DELETE

1.10 NAME **V POMPEO, PATRICK**

1.11 STREET ADDRESS **740 BROADWAY**

1.12 CITY-ST-ZIP **NEW YORK NY**

1.13 TITLE ☐ DELETE

1.14 NAME **TV SITKOFF, ROBERT**

1.15 STREET ADDRESS **1775 THE EXCHANGE**

1.16 CITY-ST-ZIP **ATLANTA GA**

1.17 TITLE ☐ DELETE

1.18 NAME

1.19 STREET ADDRESS

1.20 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **SECRETARY/DIRECTOR** ☒ Change ☐ Addition

1.2 NAME **CHARLES G. LEANESS**

1.3 STREET ADDRESS **740 BROADWAY**

1.4 CITY-ST-ZIP **NEW YORK, NY 10003**

2.1 TITLE **PRESIDENT/DIRECTOR** ☒ Change ☐ Addition

2.2 NAME **DAVID L. SIEGEL**

2.3 STREET ADDRESS **740 BROADWAY**

2.4 CITY-ST-ZIP **NEW YORK, NY 10003**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does, in quality, 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.

SIGNATURE: **ROBERT SITKOFF 4/22/97 770-984-2707**

CR2E034 (9/96)