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May 15 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT **1998**

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

DOCUMENT # **V60140** **(3)**

1. Corporation Name
CONSOLIDATED BLIMPIE ENTERPRISES, INC.

Principal Place of Business	Mailing Address
801 NE 167TH STREET SUITE 300 N.MIAMI BCH FL 33021	P.O. BOX 888287 SUITE 425 DUNWOODY GA 30356-0287 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26 1775 The Exchange	3. Date Incorporated or Qualified 08/24/1992	
Suite, Apt. #, etc 22	Suite, Apt. #, etc. 27 # 600	4. FEI Number 58-2071455	☐ Applied For ☐ Not Applicable
City & State 23	City & State 28 Atlanta, Georgia	5. Certificate of Status Desired ☒	**$8.75** Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 30339 / 30 USA	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ 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 SUITE 300 NORTH MIAMI BEACH FL 33162	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VT ☒ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	SITKOFF, ROBERT	1.2 NAME	
STREET ADDRESS	1775 THE EXCHANGE, SUITE 215	1.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA	1.4 CITY-ST-ZIP	
TITLE	VS ☐ DELETE	2.1 TITLE	DSV ☒ Change ☐ Addition
NAME	LEANESS, CHARLES	2.2 NAME	CHARLES LEANESS
STREET ADDRESS	740 BROADWAY	2.3 STREET ADDRESS	740 BROADWAY - 12th FLOOR
CITY-ST-ZIP	NEW YORK NY	2.4 CITY-ST-ZIP	NEW YORK, NY 10003
TITLE	V ☐ DELETE	3.1 TITLE	DS ☒ Change ☐ Addition
NAME	SIEGEL, DAVID	3.2 NAME	DAVID L. SIEGEL
STREET ADDRESS	740 BROADWAY	3.3 STREET ADDRESS	740 BROADWAY - 12th FLOOR
CITY-ST-ZIP	NEW YORK NY	3.4 CITY-ST-ZIP	NEW YORK, NY 10003
TITLE	☐ DELETE	4.1 TITLE	P ☐ Change ☒ Addition
NAME		4.2 NAME	JOSEPH MORGAN
STREET ADDRESS		4.3 STREET ADDRESS	740 BROADWAY - 12th FLOOR
CITY-ST-ZIP		4.4 CITY-ST-ZIP	NEW YORK, NY 10003
TITLE	☐ DELETE	5.1 TITLE	T ☐ Change ☒ Addition
NAME		5.2 NAME	PATRICK POMPEO
STREET ADDRESS		5.3 STREET ADDRESS	740 BROADWAY - 12th FLOOR
CITY-ST-ZIP		5.4 CITY-ST-ZIP	NEW YORK, NY 10003
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (10/97)

14. I 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 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: DAVID L. SIEGEL 3/23/98 (212)673 5900