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CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 269643

(3)

MARSHALL'S HAMBURGERS, INC.

FILED Jan 21 1998 8:00am Secretary of State



Principal Place of Business \$358 (EREALMO AVE P.O. 80x 610 ST MYRRS R. 33001) SET MYRRS R. 33001 2. Principal Place of Business 2. Mailing Address 3. Date Incorporated or Qualified (5)(96/1963) 2. Principal Place of Business 2. Mailing Address 3. Date Incorporated or Qualified (5)(96/1963) 3. Date Incorporated or Qualified (5)(96/1963) 3. Date Incorporated or Qualified (5)(96/1963) 3. Principal Place of Business 2. Principal Place of Business 2. Mailing Address State, Act. R. etc. 2. South, Act. R. etc. 2. Cry & Salate 2. Cry & Salate 2. Do Country 3. Name and Address of Current Registered Agent 4. DAL FARMK J. 1714 CAPE CORAL PARKWAY, P.O. BOX 535 CAPE CORAL FL 33904 3. Salate, Act. R. etc. 3. Salate, Act. R. etc. 3. Date Incorporation owes or has paid the current year transplete Personal Property Tax cost July 200, Personal Property Tax cost										
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28						Trust Fund Contribution				
9. Name and Address of Current Registered Agent ALOIA, FRANK J. 1714 CAPE CORAL PARKWAY, P.O. BOX 535 CAPE CORAL FL 33904 82 Sitest Address (P.O. Box Number is Not Acceptable) 83 Sitest Address (P.O. Box Number is Not Acceptable) 84 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 607 5502 and 607 1502, Partial Statutes the above-named corporation submits this statement for the purpose of changing its registered agent or both in the Stato of Rorida. Such change west statutes the above-named corporation submits this statement for the purpose of changing its registered agent or both in the Stato of Rorida. Such change west statutes the above-named corporation submits this statement for the purpose of changing its registered agent and tenths with, and accept the obligations of, Section 607 d505, Florida Statutes agent and tenths are floridated agent or both in the Stato of Rorida. Such change west statutes the opportunities this statement for the purpose of changing its registered agent and tenths agent age	─ '	Country	Zip	Coun	try	8. This corporation owes or has pa	id the curren	t year Int	angible	
ALOIA, FRANK J. 1714 CAPE CORAL PARKWAY, P.O. BOX 535 CAPE CORAL FL 33904 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code 84 City FL 85 Zip Code 85 86 City FL 86 Zip Code 86 City FL 85 Zip Code 87 Pursuant to the provisions of Sections 607.0502 and 607.1505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida Statutes, the above-named corporations should be composed on the composition of directors. I hereby accept the applications of Sections 607.2605, Florida Statutes. 86 City FL 85 Zip Code 87 PL 85 Zip Code 88 City FL 85 Zip Code 88 City FL 85 Zip Code 89 PL 80 Zip Code 89 PL 80 Zip Code 80 PL 80 Zip Code 81 Name Addition State of directors. I hereby accept the application is registered agent, or both, in the State of Florida Statutes, the above-named corporation's board of directors. I hereby accept the application is registered agent, or both, in the State of Florida Statutes, the above-named corporation's board of directors. I hereby accept the application is registered and state of the corporation's board of directors. I hereby accept the application is registered agent, or both, in the State of Florida Statutes. 80 PSTD	24			30					No	
T114 CAPE CORAL PL 33904 82 Street Address (P.O. Box Number is Not Acceptable) 83 BB		9. Name and Address of Curre		10. Name and Address of New Registered Agent						
CAPE CORAL FL 33904 Ba				⁸	81 Name					
B3 B4 City FL B5 Zip Code					2 Street Addr	ess (P.O. Box Number is Not Acceptab	le)			
Bal City	CAPE CORAL FL 33904				2					
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SIGNATURE Signature, typed or priviled name of registered agent and tills if applicables. (NOTE: Registered signature required when namestating) DATE					1,		FL	1 '	}	
SIGNATURE Signature, typed or priviled name of registered agent and tills if applicables. (NOTE: Registered signature required when namestating) DATE	11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statu	tes, the abo	ve-named corp	oration submits this statement for the p	urpose of ch	anging it	s registered	
12_	agent I a	m familiar with, and accept the oblig	ations of, Section 607.0505, Fi	orida Statut	es.	ions board of directors. Thereby accep	it tile appoint	illerii as	registered	
12.										
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14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), 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: