

FILE NOW: FILING FEE AFTER MAY 1 IS \$25.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **S18427** (2)

1. Corporation Name

CHECK-EM OUT HAMBURGERS, INC.



Principal Place of Business

Mailing Address

31622 U S 19 NORTH
PALM HARBOR FL 34684
US

2790 SHADY VALLEY DR. NE
ATLANTA GA 30324

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

3. Date Incorporated or Qualified

12/14/1990

3a. Date of Last Report

05/12/1995

4. FEI Number

58-1937706

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

10. Name and Address of New Registered Agent

RIGGIO, VINCENT A
3162 US 19 N.
PALM HARBOR FL 34684

81 Name

82 Street Address (P.O. Box Numbers Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.03(2) and 607.1508, Florida Statutes, the above-named corporation submits to its 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 607.03(5), Florida Statutes.

SIGNATURE

Signature of registered agent (to be typed or printed on page 2)

Signature of Registered Agent (to be typed or printed on page 2)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	RIGGIO, LAWRENCE A	
STREET ADDRESS	2790 SHADY VALLEY DR. NE	
CITY-STATE-ZIP	ATLANTA GA 30324	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	LEAHON, LARRY	
STREET ADDRESS	31622 US 19 N	
CITY-STATE-ZIP	PALM HARBOR FL 34684	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

1-1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1-2 NAME	
1-3 STREET ADDRESS	
1-4 CITY-STATE-ZIP	
2-1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2-2 NAME	
2-3 STREET ADDRESS	
2-4 CITY-STATE-ZIP	
3-1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3-2 NAME	
3-3 STREET ADDRESS	
3-4 CITY-STATE-ZIP	
4-1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4-2 NAME	
4-3 STREET ADDRESS	
4-4 CITY-STATE-ZIP	
5-1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5-2 NAME	
5-3 STREET ADDRESS	
5-4 CITY-STATE-ZIP	
6-1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6-2 NAME	
6-3 STREET ADDRESS	
6-4 CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing was voluntarily furnished by me and does not qualify for the exemption stated in Section 119.07(3)(b), 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 incorporator or organizer of the corporation; and that I am executing this report as required by Chapter 637, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Vincent A. Riggio*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)