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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(9)

BURGER-IN OF SANFORD INCORPORATED

Principal Place of Business	Mailing Address
900 OLD E. HORATIO AVENUE	800 OLD €. HORATIO AVENUE
MAITLAND FL 32751	MAITLAND FL 32751

FILED Mar 25 1998 8:00am Secretary of State



Principal Place of Business Mailing Address							
900 OLD E. H MAITLAND FL	IORATIO AVENUE . 32751	900 OLD E. HORATIO AVI MAITLAND FL 32751	900 OLD E. HORATIO AVENUE MAITLAND FL 32751				
					DO NOT WRITE IN THIS	S SPACE	
					3. Date Incorporated or Qualified 05/23/1962		
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Applied For	
21 26				59-0974119	Not Applicable		
Suite, Apt. #, etc. Suite, Apt. #, etc. 27				5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State City & State		,		6. Election Campaign Financing	\$5.00 May Be		
23 28				Trust Fund Contribution	Added to Fees		
Zip	Country	Zip	h		8. This corporation owes or has paid the c		
24	25		30		Personal Property Tax due June 30.	Yes No	
	g. Name and Address of Curi	rent Registered Agent			10. Name and Address of New Registered	d Agent	
	YER, DONALD D		81	Name			
900 E OLD HORATIO AVE MAITLAND FL 32751			82	82 Street Address (P.O. Box Number is Not Acceptable)			
			83				
			84	City	F	85 Zip Code	
11. Pursuant to the provisions of Socions 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 harve of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstalling) DATE							
12.		AND DIRECTORS	13.	, or a conjustion or to qu	ADDITIONS/CHANGES TO OFFICERS AN	ND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE			Change Addition	
NAME	ROYER,DONALD D		1.2 NAME				
STREET ADDRESS	900 E. HORATIO		1.3 STREE	T ADDRESS			
CITY-ST-ZIP	MAITLAND FL		1.4 CITY	ST-ZIP			
TITLE	D	DELETE	21 TITLE			Change Addition	
NAME	SMITH, MICHAEL A.		2.2 NAME				
STREET ADDRESS	PARK DRIVE		•	T ADORESS			
CITY+ST-ZIP	SANFORD FL		2. 4 CITY				
TITLE	DT	☐ DELETE	3.1 TITLE			Change Addition	
NAME	royer,gertrude		3.2 NAME				
STREET ADDRESS	900 E. HORATIO			T ADDRESS			
CITY-ST-ZIP	MAITLAND FL		3.4. CITY	-ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE			☐ Change ☐ Addition	
NAME			4. 2 NAM	.			
STREET ADDRESS			4.3 STREE	T ADDRESS			
CITY-ST-ZIP			4.4 CITY	ST-ZIP			
TITLE		DELETE	5.1 TITLE		· · · · · · · · · · · · · · · · · · ·	Change Addition	
NAME			5.2 NAME			ļ	
STREET ADDRESS			5.3 STREE	T ADDRESS			
CITY-ST-ZIP			5 4 CITY-			Į	
TITLE		DELETE	61 TITLE		, , , , , , , , , , , , , , , , , , ,	Change Addition	
NAME .			6.2 NAME	i			
STREET ADDRESS				T ADDRESS		<u>,</u>	
			6.4 CITY-	- 1		1	
CITY-ST-ZIP			0.4 UNY-	ai-zir			

Thereby cortify 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 enipowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changes or on an attachment with an address.

407-7408539