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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

CHEEBURGER-CHEEBURGER OF AMERICA, INC.

FILED Jan 16 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 2413 PERIWNINKLE WAY 2413 PERIWNINKLE WAY SANIBEL ISLAND FL 33957 SANIBEL ISLAND FL 33957 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/14/1986 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-2724750 21 Not Applicable 26 Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Ζip Country 8. This corporation owes or has paid the current year Intangible Yes □ No 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent **B1** Name KANOUSE, KEITH J ESQ. 2424 N. FEDERAL HIGHWAY **B2** Street Address (P.O. Box Number is Not Acceptable) **SUITE 353** 83 **BOCA RATON FL 33431** 64 City 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 (NOT) Registored Agent signature required when roinstating) Signature, typed or printed name of registered agent and little if applicable. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. Change Addition ☐ DELETE 1.1 TOTALE TITLE ZICARI, BRUCE 1.2 NAME CR2E034 NAME 2413 PERIWINKLE WAY 1.3 STREET ADDRESS STREET ADDRESS SANIBEL ISLAND FL 33957 CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition TITLE 2.1 TITLE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS 2.4 CITY - ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TO LE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - 7HP DELETE Change Addition 4.1 TITLE TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST-ZIP 4.4 CITY-ST-ZIP TITLE DELETE 5.1 TITLE ☐ Change ☐ Addition 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 54 CHY-S1-7(P CITY-ST-ZIP Addition DELETE Change TITLE 61 THILE NAME 62 NAME 6.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP

14. Thereby 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.