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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

(4)

FILED Feb 21 1997 8:00am Secretary of State

DOCUMENT # J70386

CDL OF JACKSONVILLE, INC.

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1	INDUINA BIN		Distriction	acıı bidir din	ar Bekit didir	
1						
1		13 BA J. J. B.			AL ELEN BURN	
1		HIN KIN		BILL BIRK SI	AZ KINIK MKON	
3						
1	1884111 #111	1891 89199	46181 12038	Matt Mamit Mill	AT BIET) BIBLI	Midit Ställ ibfli

3. Date Incorporated or Qualified 3a. Date of Last Report

Principal Place of Business
C/O FLAMERS CHARBURGERS: INC.
MACHINE PLANTA

Mailing Address

RYSI PERIMETER PARK OLVOSTE 201LACKSCANNILLS EL 20016 6000

				04/30/1987	03/13/1996
	SOUTH 3M ST.	26 500 SW	TH 3rd ST	4. FEI Number 59-2808933	Applied For
21 500 Suite, Apt. +	# stc	Suite, Apt. #, etc.	THE STATES	09 2000900	Not Applicable
22	π, οιο.	27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	V BCH , FL	28 JUSU BO	I I EI	6. Election Campaign Financing	\$5.00 May Be
23 UND		28 JKOV DC		Trust Fund Contribution	Added to Fees
~~ ["] ~~	SO Country	32260	Country	8. This corporation has liability for	
24 366	9. Name and Address of Current		10 KS	Florida Statutes 10. Name and Address of New Re	Yes No
DAI	RABI FARZIN	Togratorou Agont	81 Name	10, Italia and Addiese of Heli Ite	Sievelen Manii
<u> </u>	H-PERIMETER-PARK-BLVD				
I III	F-201		82 Street Addre	ess (P.O. Box Number is Not Acceptal	STDEE T
	CHOOMALE EL 32218		83	SON/II SOU	
			84 City	N BEACH	FI 85 29950
11. Pursuant t	to the provisions of Sections 607.0502	and 607.1508. Florida Statutes	the above-named corp		purpose of changing its registered
office or re	egistered agent, or both, in the State o m familiar with, and accept the obligati	Florida Such change was au	thorized by the corporati	on's board of directors. I hereby acce	pt the appointment as registered
"	m tamiliai with, and accept the obligati	ons or, section 607,0303, Flori	ida Statutes.		
SIGNATURE:	Signature, typed or printed name of registered agent	and title if applicable (NOTE:	Registered Agent signature require	ed when reinstating)	DATE
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFIC	CERS AND DIRECTORS IN 12
THTILE	VD	☐ DELETÉ	1.1 TITLE		Change Addition
NAME	Darabi, Frank		1.2 NAME		
STREET ADDRESS	730 N. WALDO RD.		1.3 STREET ADDRESS		
CHTY-ST-ZIP	GAINESVILLE FL		1.4 CITY - ST - ZIP		
TITLE	PD	☐ DELETE	2.1 TITLE	· · · · · · · · · · · · · · · · · · ·	Change Addition
NAME	DARABI, FARZIN A.		2.2 NAME		
STREET ADDRESS	159 ELEVENTH ST		2.3 STREET ADDRESS		
CHY-ST-ZIP	ATLANTIC BCH FL		2. 4 CITY+ST-ZIP		
TITLE	STD	☐ DELETE	3.1 TITLE		Change Addition
NAME	PARTOW, RAMIN		3.2 NAME		
STREET ADDRESS	335 ELEVENTH ST.		3.3 STREET ADDRESS		
CITY- SE-ZIP	ATLANTIC BCH FL		3.4. CITY - ST - ZIP		
TITLE		☐ DELETE	4.1 TITLE		Change Addition
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
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY+ST-ZIP		······································
1-11£		☐ DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		·
CITY-ST-ZiP			6.4 CITY-ST-ZIP		

14. I do 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 planged, or on an attachment with an address.

SIGNATURE:

GNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

904-241-3737