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Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1997

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

DOCUMENT # **P30554** **(0)**

1. Corporation Name
FLAMERS CHARBURGERS, INC.

Principal Place of Business	Mailing Address
~~8781 PERIMETER PARK BLVD.~~ ~~SUITE 201~~ ~~JACKSONVILLE FL 32216~~	~~8781 PERIMETER PARK BLVD.~~ ~~SUITE 201~~ ~~JACKSONVILLE FL 32216-6398~~

3. Date Incorporated or Qualified: 07/26/1990
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business
21 500 SOUTH 3RD STREET
22 Suite, Apt. #, etc.
23 City & State: JKSV BCH FL
24 Zip: 32250 25 Country: USA

2a. Mailing Address
26 500 SOUTH 3RD ST.
27 Suite, Apt. #, etc.
28 City & State: JKSV BCH FL
29 Zip: 32250 30 Country: USA

4. FEI Number: 59-2906587 ☐ 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

DARABI, FARZIN
~~8781 PERIMETER PARK BLVD.~~
~~SUITE 201~~
~~JACKSONVILLE FL 32216~~

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 500 SOUTH 3RD STREET
83
84 City: JKSV BEACH FL 85 Zip Code: 32250

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: (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE ☐ Change ☐ Addition
NAME	DARABI, FRAZIN A.		1.2 NAME
STREET ADDRESS	159 ELEVENTH STREET		1.3 STREET ADDRESS
CITY-ST-ZIP	ATLANTIC BCH. FL		1.4 CITY-ST-ZIP
TITLE	STD	☐ DELETE	2.1 TITLE ☐ Change ☐ Addition
NAME	PARTOW, RAMIN		2.2 NAME
STREET ADDRESS	335 ELEVENTH ST		2.3 STREET ADDRESS
CITY-ST-ZIP	ATLANTIC BCH. FL		2.4 CITY-ST-ZIP
TITLE	VD	☐ DELETE	3.1 TITLE ☐ Change ☐ Addition
NAME	DARABI, FRANK		3.2 NAME
STREET ADDRESS	730 N. WALDO ROAD		3.3 STREET ADDRESS
CITY-ST-ZIP	GAINESVILLE 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
TITLE		☐ DELETE	6.1 TITLE ☐ Change ☐ Addition
NAME			6.2 NAME
STREET ADDRESS			6.3 STREET ADDRESS
CITY-ST-ZIP			6.4 CITY-ST-ZIP

CR2E034 (9/96)

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 changed, or on an attachment with an address.

SIGNATURE: Farzin Darabi 3/21/97 904-241-3737
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #