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May 19 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P92000004561 (6)

1. Corporation Name
FLAMERS OF LAS VEGAS, INC.



Principal Place of Business

~~8701 PERIMETER PARK BLVD.~~
~~STE-801~~
~~JACKSONVILLE FL 32216~~
~~US~~

Mailing Address

~~8701 PERIMETER PARK BLVD.~~
~~STE-801~~
~~JACKSONVILLE FL 32216-6908~~
~~US~~

3. Date Incorporated or Qualified
11/06/1992

3a. Date of Last Report
03/27/1996

2. Principal Place of Business
21 500 SOUTH 3rd ST.

2a. Mailing Address
26 500 SOUTH 3rd ST.

4. FEI Number
59-3155875

Applied For
Not Applicable

State, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

22 City & State
23 JKSU BEACH FL

27 City & State
28 JKSU BEACH FL

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24 Zip 32250 25 Country US

29 Zip 32250 30 Country US

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

DARABI, FARZIN
8701 PERIMETER PARK BLVD.
6-201
JACKSONVILLE FL 32216

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
500 SOUTH 3rd STREET

83

84 City JKSU 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
PD	DARABI, FARZIN	159 ELEVENTH ST.	ATLANTIC BCH. FL	<input type="checkbox"/>
VD	DARABI, FRANK	730 N. WALDO RD.	GAINESVILLE FL	<input type="checkbox"/>
STD	PARTOW, RAMIN	335 ELEVENTH ST.	ATLANTIC BCH. FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>

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, changed, or on an attachment with an address.

SIGNATURE: *[Signature]* REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/97
Date

904 241-3737
Daytime Phone #

CR2E034 (9/96)