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FILED
Mar 27 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 # P92000013810 (6)

1. Corporation Name:
A & S BURGER SYSTEMS, INC.



Principal Place of Business:

~~8761 PERIMETER PARK BLVD~~
~~SUITE 801~~
~~JACKSONVILLE FL 32216~~

Mailing Address:

~~8761 PERIMETER PARK BLVD~~
~~SUITE 801~~
~~JACKSONVILLE FL 32216~~

2. Principal Place of Business:

21 500 SOUTH 3rd ST.
Suite, Apt. #, etc.

2a. Mailing Address:

26 500 SOUTH 3rd ST.
Suite, Apt. #, etc.

23 City & State: JKSV BEACH FL
24 Zip: 32250 25 Country: US

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28 Zip: 32250 29 Country: US

3. Date Incorporated or Qualified: 12/23/1992
3a. Date of Last Report: 02/08/1996
4. FEI Number: 59-3170594
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
~~8761 PERIMETER PARK BLVD~~
~~SUITE 801~~
~~JACKSONVILLE FL 32216~~

10. Name and Address of New Registered Agent

81 Name:
82 Street Address (P.O. Box Numbers Not Acceptable): 500 SOUTH 3rd ST.
83 City:
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 registering) DATE: _____

12. OFFICERS AND DIRECTORS

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-STATE-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-STATE-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-STATE-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-STATE-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-STATE-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-STATE-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 reflected 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 on Block 12 or Block 13 if changed, or on an appointment with an address.

SIGNATURE: *[Signature]* 2/12/97 904-241-3737
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)