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

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P93000080102 (5) DOCUMENT # 1. Corporation Name

## **FILED** Feb 27 1998 8:00am Secretary of State

INTERGALACTIC BURGERS CORPORATION					 	 	
Principal Place of Business Mailing Address							
2975 45TH ST 2975 45TH STREET							
WEST PALM BCH FL 33407 WEST PALM BEACH F			33407		DO NOT WRITE IN TH	HIS SPACE	
U\$ US				3. Date Incorporated or Qualified			
					11/19/1993		
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	Applied For	
21		26		65-0468433	Not Applicable		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional		
22		27		5. Certificate of Status Desired	Fee Required		
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be		
23		28	44		Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Country		8. This corporation owes or has paid the		
24	25	29	30		Personal Property Tax due June 30.  10. Name and Address of New Register	Yes No	
	g. Name and Address of Curre	nt Hegistered Agent	8	1 Name	10. Name and Address of New Registe	ea whelir	
MORDEN, ROBERT				IVALITIE			
2975 45TH ST			6:	2 Street Addre	dress (P.O. Box Number is Not Acceptable)		
WE	ST PALM BCH FL 33407		<u> </u>	<u></u>			
			8:	3			
			8	4 City		85 Zip Code	
						of changing its registered	
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.							
agent. I am familiar with, and accept the obligations of, Section 607,0505, Florida Statutes.							
SIGNATURE	Robert !! Con	de Mesident	$\mathcal{L}$	opent y	1. Morden 2/24	/ 58	
	Signature, typed or purited name of registered ag	nent and tyle if applicable (NC ND DIRECTORS	13.	gent signature require	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12	
12.	SID	DELETE	1.1 TITLE		ADDITIONO/OFFARGES TO OFFIGERO	Change Addition	
NAME	MORDEN, ROBERT		1.2 NAM				
STREET ADDRESS	2975 45TH ST		•	ET ADDRESS			
	WEST PALM BCH FL		1.4 CITY				
CITY-ST-ZIP TITLE	DELETE		2.1 TITLE			Change Addition	
NAME		2.					
STREET ADDRESS				ET ADDRESS			
CITY-ST-ZIP			2. 4 CITY				
TITLE	DELETE		3.1 TITLE			Change Addition	
NAME			3.2 NAMI	E			
STREET ADDRESS				ET ADDRESS			
CITY-ST-ZIP			3.4. CITY				
TITLE	☐ DELETE		4.1 TITLE			Change Addition	
NAME			4. 2 NAM	IE.			
STREET ADDRESS			4.3 STRE	ET ADDRESS			
CITY-ST-ZIP			4.4 CITY	-ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE			☐ Change ☐ Addition	
NAME			5.2 NAM	E			
STREET ADDRESS			5.3 STRE	ET ADDRESS			
CITY-ST-ZIP			5.4 CITY	-ST-ZIP			
TITLE	☐ DELETE		6.1 TITLE			☐ Change ☐ Addition	
NAME			6.2 NAM	E			
STREET ADDRESS			6.3 STRE	ET ADDRESS			
CITY-ST-ZIP			6.4 CITY	-ST-ZIP			
14. I hereby o	ertify that the information supplied	with this filing does not qualify	for the exem	ption stated in	Section 119.07(3)(i), Florida Statutes. I furthe	or 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.