

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90052 041 ***150.00

DOCUMENT # P98000005510

1. Corporation Name
OAKLAND PARK BURGERS, INC.

Principal Place of Business
2222 PONCE DE LEON BLVD
6TH FLOOR
CORAL GABLES FL 33134

Mailing Address
2222 PONCE DE LEON BLVD
6TH FLOOR
CORAL GABLES FL 33134

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/16/1998

4. FEI Number

65-0810359

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 1 W. OAKLAND PARK BLVD

2a. Mailing Address

26 19312 SKYRIDGE CIRCLE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 FT. LAUDERDALE, FL

City & State

28 BOCA RATON, FL

Zip

24 33311

Country

Zip

29 33498

Country

30

9. Name and Address of Current Registered Agent

BAUMAN, BRYAN W
2222 PONCE DE LEON BLVD
6TH FLOOR
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name

DARIN ENGELHARDT

82 Street Address (P.O. Box Number is Not Acceptable)

19312 SKYRIDGE CIRCLE

83

BOCA RATON, FL

84 City

FL

85 Zip Code

33498

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]

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

(NOTE: Registered Agent signature required when reinstating)

DATE 4/26/99

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME ENGELHARDT, DARIN

STREET ADDRESS 19901 E COUNTRY CLUB DR, UNIT 408

CITY-ST-ZIP AVENTURA FL 33180

TITLE D ☐ DELETE

NAME DIMAIO, RON

STREET ADDRESS 19901 E COUNTRY CLUB DR, UNIT 408

CITY-ST-ZIP AVENTURA FL 33180

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

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

4/26/99
Date

954.564.7762
Daytime Phone #

CR2E034 (11/98)