

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  
Mar 23, 1999 8:00 am  
Secretary of State

03-23-1999 90073 042 \*\*\*150.00

DOCUMENT # P98000009645

1. Corporation Name  
CASTLE BURGER, INC.

Principal Place of Business

839 NW 91ST TERRACE  
PLANTATION FL 33324

Mailing Address

839 NW 91ST TERRACE  
PLANTATION FL 33324

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/29/1998

4. FEI Number

65-0811717

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 4873 NW 66th AVE.

2a. Mailing Address

26 4873 NW 66th AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 LAUDERHILL, FL.

City & State

28 LAUDERHILL, FL.

Zip

24 33319

Country

Zip

29 33319

Country

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~BALESTRIERI, THELMA~~  
~~839 NW 91ST TERRACE~~  
~~PLANTATION FL 33324~~

81 Name

NEIL BENRUBI

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

4873 NW 66th AVENUE

83

84 City

LAUDERHILL

FL

85 Zip Code

33319

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

NEIL BENRUBI

3-10-99

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 ☒ DELETE

NAME ~~BALESTRIERI, THELMA~~  
STREET ADDRESS ~~839 NW 91ST TERRACE~~  
CITY-ST-ZIP ~~PLANTATION FL 33324~~

TITLE ☐ DELETE

NAME BALESTRIERI, HARRY  
STREET ADDRESS 839 NW 91ST TERRACE  
CITY-ST-ZIP PLANTATION FL 33324

TITLE ☐ DELETE

NAME BALESTRIERI, FRANK  
STREET ADDRESS 839 NW 91ST TERRACE  
CITY-ST-ZIP PLANTATION FL 33324

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☒ Change ☐ Addition

☒ Change ☐ Addition

☐ Change ☒ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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:

NEIL BENRUBI

3-10-99

Date

954-587-8586

Daytime Phone #

CR2E034 (11/98)