SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

Sep 15 1997 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1997 DIVISION OF CORPORATIONS DOCUMENT # (9) WE ARE BURGERS, INC Principal Place of Business Mailing Address 9475 ALT A1A 9475 ALT A1A LAKE PARK FL 33403 LAKE PARK FL 33403 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 3a. Date of Last Report 12/20/1990 04/01/1996 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 65-033**953**1 Not Applicable 21 26 Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Zip Country $Z_{\rm IP}$ Country 8. This corporation owes or has paid the current year Intangible Yes 24 25 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name KELLER, RICHARD 9475 ALT A1A 82 Street Address (P.O. Box Number is Not Acceptable) LAKE PARK FL 33403 83 84 City Zip Code 1508 Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered submits the statement for the purpose of changing its registered submits and statutes. I hereby accept the appointment as registered 507,0505, Florida Statutes. 11. Pursuant to the provisions of Sections 607.0502 12. AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change Addition TITLE 1.1 TITLE KELLER, RICHARD NAME 1.2 NAME 9475 ALT A1A STREET ADDRESS 1.3 STREET ADDRESS LAKE PARK FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 21 TITLE NILAN, DOUGLAS NAME 22 NAME 2401 DRAYTON RD STREET ADDRESS 2.3 STREET ADDRESS PORT ST LUCIE FL CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE Change ☐ Addition TITLE 3.1 TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3 4. CITY - ST - ZIP DELETE Addition TITLE 41 THILE Change NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP Change DELETE Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP DELETE Change Addition 6.1 TITLE TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 64 CITY-ST-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 Indicated on this annual tento) 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 eorporation or the receiver or trustee exposed to execute this report as required by Chapter 607, Florida Statutes; and that my name

appears in Block 12 or Block

FILED