

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION,
ANNUAL REPORT
1995



CLERK OF THE SUPREME COURT
CLERK OF THE DISTRICT COURT
CLERK OF THE COUNTY COURT
CLERK OF THE JUDICIAL CIRCUIT

APPROVED
FILED

DOCUMENT # **S72332** (7)

FLAMERS CHARBURGERS OF BEAVERCREEK, INC.

RECEIVED
JUL 18 1995
CLERK OF THE DISTRICT COURT
JACKSONVILLE, FLORIDA

8761 PERIMETER PK BLVD. 201 JACKSONVILLE FL 32216 US		8761 PERIMETER PK BLVD. 201 JACKSONVILLE FL 32216 US		08/08/1991		04/18/1994					
21		26		4. FIC Number 59-3079384		Applied For Not Applicable					
22		27		5. Candidate Status Desired		\$8.75 Additional Fee Required					
23		28		6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees					
24		29		7. Florida Statute		8. Florida Statute					
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent							
DARABI, FARZIN 8761 PERIMETER PK BLVD. STE 201 JACKSONVILLE FL 32216				81. Name 82. Street Address (P.O. Box Number is Not Acceptable) 83. 84. City							
				FL 85. Zip Code							
11. Statement of the person(s) filing this report: I, the undersigned, hereby certify that the information furnished herein is true and correct to the best of my knowledge and belief, and that I am the duly authorized officer or agent of the corporation, partnership, or other entity, and that the information furnished herein is true and correct to the best of my knowledge and belief.											
SIGNATURE											
12. ADDITIONAL CHANGES TO OFFICER, DIRECTOR, OR AGENT				13. ADDITIONAL CHANGES TO OFFICER, DIRECTOR, OR AGENT							
PD DARABI, FARZIN 159 ELEVENTH ST ATLANTIC BCH FL				NAME 1. NAME 2. NAME 3. NAME 4. NAME 5. NAME 6. NAME 7. NAME 8. NAME 9. NAME 10. NAME 11. NAME 12. NAME 13. NAME 14. NAME 15. NAME 16. NAME 17. NAME 18. NAME 19. NAME 20. NAME				21. NAME 22. NAME 23. NAME 24. NAME 25. NAME 26. NAME 27. NAME 28. NAME 29. NAME 30. NAME			
VD DARABI, FRANK A. 5519 NW 91 BLVD. GAINESVILLE FL				31. NAME 32. NAME 33. NAME 34. NAME 35. NAME 36. NAME 37. NAME 38. NAME 39. NAME 40. NAME				41. NAME 42. NAME 43. NAME 44. NAME 45. NAME 46. NAME 47. NAME 48. NAME 49. NAME 50. NAME			
STD PARTWO, RAMIN 159 ELEVENTH ST ATLANTIC BCH FL				51. NAME 52. NAME 53. NAME 54. NAME 55. NAME 56. NAME 57. NAME 58. NAME 59. NAME 60. NAME				61. NAME 62. NAME 63. NAME 64. NAME 65. NAME 66. NAME 67. NAME 68. NAME 69. NAME 70. NAME			
				PARTOW, RAMIN 335 ELEVENTH ST							
				71. NAME 72. NAME 73. NAME 74. NAME 75. NAME 76. NAME 77. NAME 78. NAME 79. NAME 80. NAME				81. NAME 82. NAME 83. NAME 84. NAME 85. NAME 86. NAME 87. NAME 88. NAME 89. NAME 90. NAME			
14. I, the undersigned, certify that the information supplied with this filing is substantially true and correct to the best of my knowledge and belief, and that I am the duly authorized officer or agent of the corporation, partnership, or other entity, and that the information furnished herein is true and correct to the best of my knowledge and belief.											
SIGNATURE:											
1/10/94											