FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

PROFIT CORPORATION ANNUAL REPORT

1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 27 1997 8:00am
Secretary of State

DOCUMENT # **S72332** **(7)**

1. Corporate Name
FLAMERS CHARBURGERS OF BEAVERCREEK, INC.

Principal Place of Business
~~8701 PERIMETER PK BLVD.~~
~~201~~
~~JACKSONVILLE FL 32216~~
US

Mailing Address
~~8701 PERIMETER PK BLVD.~~
~~201~~
~~JACKSONVILLE FL 32216-6009~~
~~US~~

3. Date Incorporated or Qualified: 08/08/1991
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business
21 500 SOUTH 3RD STREET
Suite, Apt. #, etc.
22
City & State
23 JKSV BEACH FL
Zip 24 32250
Country 25 USA

2a. Mailing Address
26 500 SOUTH 3RD STREET
Suite, Apt. #, etc.
27
City & State
28 JKSV BCH FL
Zip 29 32250
Country 30 USA

4. FEI Number: 59-3079384 — 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
DARABI, FARZIN
~~8701 PERIMETER PK BLVD.~~
~~STE 201~~
~~JACKSONVILLE FL 32216~~

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 500 SOUTH 3RD STREET
83
84 City JKSV BCH, FL 85 Zip Code 32250

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 and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper performance of my duties, and I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	DARABI, FARZIN
STREET ADDRESS	159 ELEVENTH ST
CITY-ST-ZIP	ATLANTIC BCH FL
TITLE	VD
NAME	DARABI, FRANK A.
STREET ADDRESS	5519 NW 91 BLVD.
CITY-ST-ZIP	GAINESVILLE FL
TITLE	STD
NAME	APRTOW, RAMIN
STREET ADDRESS	335 ELEVENTH ST
CITY-ST-ZIP	ATLANTIC BCH FL

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
☐ Change ☐ Addition

CR2E034 (9/96)

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 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.

SIGNATURE: Farzin Darabi 3/21/97 904-241-3737

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #