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**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT #

1. Corporation Name

Principal Place of Business    Mailing Address   DADE CITY FL 3894   DADE CITY FL 38525   DO NOT WRITE IN THIS SPACE		AS BURGERS OF HAINES C					
Name and Address of Current Registered Agent   Size   Agent   Size   Agent	Principal Pla	ice of Business	Mailing Address				•
US  DO NOT WRITE IN THIS SPACE  3, Date Incorporator or Qualified 10/29/1991  25  27  28  Suite, Apt. #, etc.  Sui							
3. Date Incorporated or Qualified 10/29/1991   2. Principal Place of Business   2a. Mailing Address   4. FEI Number   Applied For 10/29/1991   25   25   Suite, Apt. #, etc.   S		FL 33844				DO NOT WRITE IN T	HIS SPACE
2. Principal Place of Business	US		00				······································
Principal Place of Business   2a, Mailing Address   4, FEI Number   59-31 Model For   Not Applicable   Not							
Suite, Apl. #, etc.  Suite, Ap	a Principal	Place of Rusiness	2 Mailing Address				Applied For
Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Sc. Certificate of Status Desired   \$8.75 Additional fee Required City & State   City & State   Status Desired   Status Desired	_	race of business					
S. Certificate of Status Desired		it # etc					\$8.75 Additiona
City & State		n. n, etc.	— <u> </u>			5. Certificate of Status Desired	Fee Required
Zip   Country   Zip   Country   Zip   Country   Since   Since   Country   Since   Since   Country   Since   Since   Country   Since   Si		ate			<del></del>	6 Election Campaign Financing	\$5.00 May Be
Zip Country Zip Country Zip Country 8, This corporation owes the current year Intengible Personal Property Tax. Pe	<u> </u>		<b>├</b> ¬ ′			1 - 1 1	
9. Name and Address of Current Registered Agent  GREENFELDER, GLEN E 14217 THIRD STREET DADE CITY FL 33523  83  84 City  FL 85 Zip Code  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 agent, and 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 accept the obligations of, Section 607,0505, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of, Section 607,0505, Florida Statutes.  SIGNATURE Signature, lysed or printed name of registered agent and title if applicable.  OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE PROMINE PREFIADORESS CITY-ST-ZPP DADE CITY FL  DELETE 11. STREET ADORESS CITY-ST-ZPP DADE CITY FL  DELETE 21. TITLE 22. STREET ADORESS CITY-ST-ZPP DADE CITY FL  DELETE 21. TITLE 22. STREET ADORESS 36601 ST. JOE RD. 13. STREET ADORESS CITY-ST-ZPP 14. CITY-ST-ZPP DADE CITY FL  Change Addition AMME STREET ADORESS CITY-ST-ZPP 35. TITLE 31. STREET ADORESS 34. CITY-ST-ZPP 31. STREET ADORESS 35. STREE		Country		Country		\ <u></u>	r Intangible
9, Name and Address of Current Registered Agent  GREENFELDER, GLEN E 14217 THIRD STREET DADE CITY FL 33523  83  84 City  FL 85 Zip Code  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 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 accept the obligations of, Section 607.0502, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, and accept the obligations of, Section 607.0502, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, and accept the obligations of, Section 607.0502, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, and accept the obligations of, Section 607.0502, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, and accept the obligations of, Section 607.0502, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, and accept the obligations of, Section 607.0502, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, and accept the obligations of Section 607.0502, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered of city of the purpose of changing its registered agent, and accept the obligations of the purpose of changing its registered agent and office for the purpose of changing its registered agent and office for the purpose of changing its registered agent and office for the purpose of changing its registered agent and office for the purpose of changing its registered agent and office for the purpose of				in .			
STREET ADDRESS   STRE	24			70	<del></del>		red Agent
14217 THIRD STREET DADE CITY FL 33523    83		3, 110110		81	Name		
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 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, or both, in the State of Florida, Such change was submitized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florida, Statutes.  SIGNATURE    Interest	GR	reenfelder, glen e				(2.0.2	
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Signature, Nyaed or printed name of registered agent and title if applicable, (NOTE: Registered Agent signature required when reinstating)   DATE	office or agent. I	r registered agent, or both, in the Stat am familiar with, and accept the obliq	e of Florida. Such change was aut	morized by ti	ne corporatio	on's board of directors. Thereby accept the ap	e of changing its registere opointment as registered
TITLE	SIGNATURE	Signature, typed or printed name of registered as	gent and title if applicable. (NOTE: F	Registered Agent			
TITLE NAME STREET ADDRESS 36601 ST. JOE RD. JACITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE STREET ADDRESS CITY-ST-ZIP  TITLE STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP T	12.				signature required	- International Control of the Contr	
STREET ADDRESS   36601 ST. JOE RD.   13 STREET ADDRESS	TITLÉ	P			signature required	- International Control of the Contr	AND DIRECTORS IN 1
TITLE		1.			signature required	- International Control of the Contr	AND DIRECTORS IN 1
TITLE	NAME	GREENFELDER, GAIL P		1.1 TITLE	signature required	- International Control of the Contr	AND DIRECTORS IN 1
NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 31 TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.3 STREET ADDRESS CITY-ST-ZIP TITLE A.4 CITY-ST-ZIP TITLE A.5 CITY-ST-ZIP TITLE A.5 CITY-ST-ZIP Addition Addition AMME A.5 CITY-ST-ZIP Addition AMME A.5 CITY-ST-ZIP ADDRESS A.6 CITY-ST-ZIP ADDRESS A.7 CITY-ST-ZIP ADDRESS ADDRES	-	GREENFELDER, GAIL P 36601 ST. JOE RD.		1.1 TITLE 1.2 NAME		- International Control of the Contr	AND DIRECTORS IN 1
STREET ADDRESS   2.3 STREET ADDRESS   2.4 CITY-ST-ZIP	STREET ADDRES	GREENFELDER, GAIL P 36601 ST. JOE RD.		1.1 TITLE 1.2 NAME 1.3 STREET	ADORESS	- International Control of the Contr	S AND DIRECTORS IN 1:
CITY-ST-ZIP         2.4 CITY-ST-ZIP           TITLE         DELETE         31 TITLE         Change         Addition           NAME         32 NAME         STREET ADDRESS         STREET ADDRESS         CITY-ST-ZIP         Change         Addition           TITLE         DELETE         4.1 TITLE         Change         Addition           NAME         4.2 NAME         Addition         Addition	STREET ADDRES	GREENFELDER, GAIL P 36601 ST. JOE RD.	☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET / 1.4 CITY-ST-	ADORESS	- International Control of the Contr	S AND DIRECTORS IN 1:
CITY-ST-ZIP         2.4 CITY-ST-ZIP           TITLE         31 TITLE         Change Addition           NAME         32 NAME           STREET ADDRESS         3.3 STREET ADDRESS           CITY-ST-ZIP         34. CITY-ST-ZIP           TITLE         DELETE         4.1 TITLE         Change Addition           NAME         4.2 NAME	STREET ADDRES	GREENFELDER, GAIL P 36601 ST. JOE RD.	☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET A 1.4 CITY-ST- 2.1 TITLE	ADORESS	- International Control of the Contr	S AND DIRECTORS IN 1:
TITLE         DELETE         31 TITLE         Change         Addition           NAME         32 NAME         STREET ADDRESS         3.3 STREET ADDRESS         CITY-ST-ZIP         3.4 CITY-ST-ZIP         CITY-ST-ZIP         Change         Addition           NAME         4.1 TITLE         AMME         Change         Addition	STREET ADDRES CITY-ST-ZIP TITLE NAME	GREENFELDER, GAIL P 36601 ST. JOE RD. DADE CITY FL	☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET A 1.4 CITY-ST- 2.1 TITLE 2.2 NAME	ADORESS ZIP	- International Control of the Contr	S AND DIRECTORS IN 1:
3.3 STREET ADDRESS   3.3 STREET ADDRESS   3.4 CITY-ST-ZIP   3.4 CITY-ST-ZIP   Change   Addition	STREET ADDRES CITY-ST-ZIP TITLE NAME STREET ADDRES	GREENFELDER, GAIL P 36601 ST. JOE RD. DADE CITY FL	☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET A 1.4 CITY-ST- 2.1 TITLE 2.2 NAME 2.3 STREET A	ADDRESS - ZIP ADDRESS	- International Control of the Contr	S AND DIRECTORS IN 1:
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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 suppliemental 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 of 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 change(I, o) on an attachment with an address, with all other like empowered.

4,4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

DELETE

Change

Change

☐ Addition

☐ Addition