

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

DOCUMENT # V14954

(4)

95 MAY -1 PM 2: 23

1. Corporation Name

BURGER STREET, INCORPORATED

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business

**3314 NW FEDERAL HWY
JENSEN BEACH FL 34957
US**

Mailing Address

**3314 NW FEDERAL HWY
JENSEN BEACH FL 34957
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/17/1992

3a. Date of Last Report

05/01/1994

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

4. FEI Number

65-0329065

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under § 199.032, Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ALARCON, MERCEDES
3314 NW FEDERAL HWY
JENSEN BEACH FL 34957**

81. Name

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

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 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

Signature of the person who is authorized to sign this report on behalf of the corporation. If the corporation is a partnership, the signature of the partner or partners must be obtained. If the corporation is a limited liability company, the signature of the member or members must be obtained. If the corporation is a corporation, the signature of the officer or officers must be obtained. If the corporation is a trust, the signature of the trustee or trustees must be obtained. If the corporation is a partnership, the signature of the partner or partners must be obtained. If the corporation is a limited liability company, the signature of the member or members must be obtained. If the corporation is a corporation, the signature of the officer or officers must be obtained. If the corporation is a trust, the signature of the trustee or trustees must be obtained.

(2)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

D

NAME

**ALARCON, MERCEDES
3314 NW FEDERAL HWY
JENSEN BEACH FL**

STREET ADDRESS

CITY, ST, ZIP

1. TITLE

☐ Change ☐ Addition

2. NAME

3. STREET ADDRESS

4. CITY, ST, ZIP

5. TITLE

☐ Change ☐ Addition

6. NAME

7. STREET ADDRESS

8. CITY, ST, ZIP

9. TITLE

☐ Change ☐ Addition

10. NAME

11. STREET ADDRESS

12. CITY, ST, ZIP

13. TITLE

☐ Change ☐ Addition

14. NAME

15. STREET ADDRESS

16. CITY, ST, ZIP

17. TITLE

☐ Change ☐ Addition

18. NAME

19. STREET ADDRESS

20. CITY, ST, ZIP

21. TITLE

☐ Change ☐ Addition

22. NAME

23. STREET ADDRESS

24. CITY, ST, ZIP

25. TITLE

☐ Change ☐ Addition

26. NAME

27. STREET ADDRESS

28. CITY, ST, ZIP

29. TITLE

☐ Change ☐ Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 199.032-199.034, Florida Statutes. I further certify that the information included 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 199, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE: Mercedes Alarcon

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/95

Date

Signature of Officer or Director