


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 16 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # **V19217** (1)

1. Corporation Name  
**TOWSON TOWN CENTER BURGER SYSTEMS, INC.**

Principal Place of Business <del>8701 PERIMETER PK BLVD</del> <del>STE 801</del> <b>JACKSONVILLE FL 32216</b> <del>US</del>	Mailing Address <del>8701 PERIMETER PARK BLVD.</del> <del>SUITE 801</del> <b>JACKSONVILLE FL 32216-0398</b> <del>US</del>
---	---



3. Date Incorporated or Qualified <b>03/05/1992</b>	3a. Date of Last Report <b>03/06/1996</b>
--	--

2. Principal Place of Business 21. <b>500 SOUTH 3RD ST.</b> Suite, Apt. #, etc.	2a. Mailing Address 26. <b>500 SOUTH 3RD ST.</b> Suite, Apt. #, etc.
22. City & State <b>JKSV BEACH FL</b>	27. City & State <b>JKSV BEACH FL</b>
23. Zip <b>32250</b>	28. Zip <b>32250</b>
24. Country <b>US</b>	30. Country <b>US</b>

4. FEI Number <b>65-0333777</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>DARABI, FARZIN</b> <del>8701 PERIMETER PARK BLVD.</del> <del>SUITE 201</del> <b>JACKSONVILLE FL 32216</b>	10. Name and Address of New Registered Agent 81. Name 82. Street Address (P.O. Box Number is Not Acceptable) <b>500 SOUTH 3RD ST.</b> 83. 84. City <b>JKSV BEACH</b> FL 85. <b>32250</b>
--	--

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DARABI, FARZIN	1.2 NAME	
STREET ADDRESS	159 ELEVENTH ST	1.3 STREET ADDRESS	
CITY - ST - ZIP	ATLANTIC BCH FL	1.4 CITY - ST - ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DARABI, FRANK A.	2.2 NAME	
STREET ADDRESS	5519 N.W. 91 BLVD.	2.3 STREET ADDRESS	
CITY - ST - ZIP	GAINESVILLE FL	2.4 CITY - ST - ZIP	
TITLE	STD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARTOW, RAMIN	3.2 NAME	
STREET ADDRESS	335 ELEVENTH ST.	3.3 STREET ADDRESS	
CITY - ST - ZIP	ATLANTIC BCH. FL	3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 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 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:  **REQUIRED** 2/12/97 904-241-3737

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

0035268

CR2E034 (9/96)