

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

FILED

Mar 11 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **V19343** (5)
1. Corporation Name
FLAMERS OF SOUTH PARK, INC.



Principal Place of Business

Mailing Address

~~8701 PERIMETER PARK BLVD.~~
~~SUITE 201~~
~~JACKSONVILLE FL 32210~~

~~8701 PERIMETER PARK BLVD.~~
~~SUITE 201~~
~~JACKSONVILLE FL 32210-0000~~

3. Date Incorporated or Qualified
03/05/1992

3a. Date of Last Report
03/13/1996

2. Principal Place of Business

2a. Mailing Address

21 **500 SOUTH 3RD ST.**
Suite, Apt. #, etc.

26 **500 SOUTH 3RD ST.**
Suite, Apt. #, etc.

22
City & State
23 **JACKSONVILLE FL**

27
City & State
28 **JACKSONVILLE FL**

24 **32250** Country
25 **USA**

29 **32250** Country
30 **USA**

4. FEI Number
59-3123903

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

10. Name and Address of New Registered Agent

DARABI, FARZIN
~~8701 PERIMETER PARK BLVD.~~
~~SUITE 201~~
~~JACKSONVILLE FL 32210~~

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
500 SOUTH 3RD STREET

83

84 City **JACKSONVILLE**

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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of person presenting name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| TITLE | NAME | STREET ADDRESS | CITY - ST - ZIP | DELETE |
|-------|------------------|--------------------|------------------|--------------------------|
| PD | DARABI, FARZIN | 150 ELEVENTH ST. | ATLANTIC BCH. FL | <input type="checkbox"/> |
| VD | DARABI, FRANK A. | 5519 N.W. 91 BLVD. | GAINESVILLE FL | <input type="checkbox"/> |
| STD | PARTOW, RAMIN | 335 ELEVENTH ST | ATLANTIC BCH. FL | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |

| 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 | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.1 TITLE | 3.2 NAME | 3.3 STREET ADDRESS | 3.4 CITY - ST - ZIP | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.1 TITLE | 4.2 NAME | 4.3 STREET ADDRESS | 4.4 CITY - ST - ZIP | <input type="checkbox"/> | <input type="checkbox"/> |
| 5.1 TITLE | 5.2 NAME | 5.3 STREET ADDRESS | 5.4 CITY - ST - ZIP | <input type="checkbox"/> | <input type="checkbox"/> |
| 6.1 TITLE | 6.2 NAME | 6.3 STREET ADDRESS | 6.4 CITY - ST - ZIP | <input type="checkbox"/> | <input type="checkbox"/> |

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, as changed, or on an attachment with an address.

SIGNATURE:

REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/18/97

904-241-3137

CR2E034 (9/96)