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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 # V20810 (0)

1. Corporation Name
FLAMERS BOURSE, INC.



Principal Place of Business

~~8761 PERIMETER PARK BLVD~~
~~6801~~
~~JACKSONVILLE FL 32216~~
~~US~~

Mailing Address

8761 PERIMETER PARK BLVD.
SUITE 201
JACKSONVILLE FL 32216-6398
US

2. Principal Place of Business

21 500 SOUTH 3RD ST.

Suite, Apt. #, etc.

22

City & State

23 JKV BCH FL

Zip

24 32250

Country

25 USA

2a. Mailing Address

26 500 SOUTH 3RD ST.

Suite, Apt. #, etc.

27

City & State

28 JKV BCH FL

Zip

29 32250

Country

30 USA

3. Date Incorporated or Qualified

03/12/1992

3a. Date of Last Report

03/13/1996

4. FEI Number

59-3123905

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
~~8761 PERIMETER PARK BLVD.~~
~~SUITE 201~~
JACKSONVILLE FL 32216

10. Name and Address of New Registered Agent

81 Name

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

83 500 SOUTH 3RD STREET

84

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

SIGNATURE

Signature of person providing information of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME DARABI, FARZIN
STREET ADDRESS 159 ELEVENTH ST
CITY-ST-ZIP ATLANTIC BCH FL

TITLE VD ☐ DELETE

NAME DARABI, FRANK A.
STREET ADDRESS 5519 N.W. 91ST BLVD.
CITY-ST-ZIP GAINESVILLE FL

TITLE STD ☐ DELETE

NAME PARTOW, RAMIN
STREET ADDRESS 335 ELEVENTH STREET
CITY-ST-ZIP ATLANTIC BCH FL

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)