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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P23952 1. Corporation Name

EUGENE BURGER MANAGEMENT CORP.

## **FILED** Feb 27, 1999 8:00 am Secretary of State

02-27-1999 90085 019 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

							3. Date Incorporated or Qualifed 04/18/1989		}	
2 Principal Pi	ace of Business	Mailing Address				4. FEI Number Applied For				
Z. Fillicipai Fi	ace of business	26	Withing Madrood				94-1703519	<del></del>	Applicable	
Suite, Apt.	# etc	20	Suite, Apt. #, etc.				_ \$8		ditional	
22		27	, ,				5. Certifcate of Status Desired	ee Rec	uired ·	
City & State			City & State				6. Election Campaign Financing	5.00 N	May Be .	
23								dded to	Fees	
Zip	Country	Т,	Zip Count				8. This corporation owes the current year Intangible			
24	25 29						Personal Property Tax. ☐ Yes ☐ No			
9. Name and Address of Current Registered Agent							10. Name and Address of New Registered Agent			
					81	Name	•			
EUBANKS, LISA RENEE					82 Street Address (P.O. Box Number is Not Acceptable)					
700 TRANSMITTER ROAD					~	Ollock	adiobs (1, o. Box (tallion to that) toopiasis,			
PANAMA CITY FL 32401					83					
					_			7in C		
					84	City	FL  85	Zip C	ode	
44 Purement	to the provisions of Sections 607 0502	and F	07.1508, Florida Statutes	, the al	oove	-named c	corporation submits this statement for the purpose of change	ing its r	egistered	
office or r	egistered agent, or both, in the State of	HOU	da. Such change was auti	norized	by I	he corpor	ration's board of directors. I hereby accept the appointmen	t as reg	istered	
agent. I a	m familiar with, and accept the obligation	ns of	, Section 607.0505, Florid	ia Statt	ites.					
SIGNATURE	Signature, typed or printed name of registered agent a	ad titla	if continodo (NOTE: 9)	haratsina	Anent	cionature rec	guired when reinstating) DATE		<del></del> [	
42	OFFICERS AND			13.	- igo-ii	ug/alara /u	ADDITIONS/CHANGES TO OFFICERS AND DIF	ECTO	RS IN 12	
TITLE	P DELETE			1.1 TITLE		T		hange	Addition	
	BURGER, EUGENE			12 NA						
NAME						ADDDESS			}	
STREET ADDRESS	_			1.3 STREET ADDRESS		ļ				
CITY-ST-ZIP	GREENBRAE CA 94904			1.4 CITY- ST- ZIP		- ZIP	Пс	hange	Addition	
TITLE				2.1 TITLE			L.			
NAME	GUTH, JOSEPH R			. 2.2 NAME						
STREET ADDRESS	_			2.3 STREET ADDRESS						
CITY-ST-ZIP	GREENBRAE CA 94904			2. 4 CITY-ST-ZIP		r-ZIP		hange	Addition	
TITLE	VP DELETE			3.1 TITLE			:0	ilalige		
NAME	VAUGHN, RONALD E			3.2 NA					ļ	
STREET ADDRESS	481 VIA HIDALGO			3.3 ST	REET	ADDRESS				
CITY-ST-ZIP	GREENBRAE CA 94904		<u>-</u>	3.4. C		r-ZIP		hane-	☐ Andelsin =	
TITLE			☐ DELETE	4.1 TIT	LE			hange	☐ Addition	
NAME				4. 2 N	<b>ME</b>					
STREET ADDRESS				43 \$T	REET	ADDRESS				
CITY-ST-ZIP			<del></del>	4.4 CT	TY-ST	-ZiP				
TITLE			☐ DELETE	5.1 TIT	LΕ			hange	Addition (	
NAME				5.2 NA	ME					
STREET ADDRESS				5.3 ST	REET	ADORESS				
CITY-ST-ZIP				5.4 CI		- ZIP				
TITLE			☐ DELETE	6.1 TIT	LÉ			hange	Addition	
NAME				6.2 NA	ME					
STREET ADDRESS				6.3 ST	REET	ADDRESS			1	
CITY-ST-ZIP				6.4 CI	TY-ST	-ZIP				
14. I hereby (	certify that the information supplied with	this 1	iling does not qualify for t	he exe	mptic	on stated	in Section 119.07(3)(i), Florida Statutes. I further certify the	at the in	formation	

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, with all other like empowered.

415/461-8660