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

PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

Corporation Name

437157

SUNSHINE PARKWAY RESTAURANTS, INC.

(1)

FILED May 01 1996 8:00 am Secretary of State



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Principal Place of	of Business	Mailing Address			3 LOOLIL DLOOD 15911 100 DE 11841 DIN	II 1601 BERIY DIRIS BIRII GIDII GIDII BYEII YERS
C/O MARRIOTT CORPORATION 10400 FERNWOOD RD #862 BETHESDA MD 20058		DEPT 72/862	10400 FERNWOOD RD DEPT 72/862 BETHESDA MD 20817			
DETRESUA	MD 20036	US BETHESDA MU 208	17		3. Date Incorporated or Qualified	3a. Date of Last Report
•					10/01/1973	03/27/1995
 1 + ···¬		28. Mailing Address	Mailing Address		4. FEI Number	Applied For
21		26			34-1131787	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc. 27			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28	······································		Trust Fund Contribution	Added to Fees
Zip	Country	Zip EZD	Country	/	8. This corporation has liability for in	
24	25 9. Name and Address of Current R	29	30		Florida Statutes Yes	
·	a. Name and Address of Current A	egistered Agent	81	Namo	10. Name and Address of New Re	gistered Agent
DDENE	IOT HALL CORPORATION OVOTEN		[.	Ivanio		
PRENTICE-HALL CORPORATION SYSTEM, INC.			82	82 Street Address (P.O. Box Number is Not Acceptable)		
	ORTH MAGNOLIA STREET		83			
IALLAF	HASSEE FL 32301					
			84	City		FL 85 Zip Code
11. Pursuant to	the provisions of Sections 607 0502 au	d 607 1508. Florida Statut	es the above.	named cour	ografion pulmits this clatement for the suspension	
or registered	d agent, or both, in the State of Florida. I, and accept the obligations of, Section	Such change was authorize	ed by the corp	oration's bo	poration submits this statement for the purpo pand of directors. Thereby accept the appoin	ose of changing its registered office ntrient as registered agent. I am
ICAT FOR THE PARTY OF	і, ано ассорі тію орівдаволь от, обстол	terrorus, riorda Statutes	S.			-
SIGNATURE	Ignature, typed or ported name of registered agent and	t the it accels while (N)) IE B. disbyart Au-	Usia salina nani	ilead when reinstating)	DATE
12.	OFFICERS AND D	IRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	
TITLE	PD	X DELETE	1. 1 Till CE		P/D	Change XX Addition
NAME	BOLLENBACH, STEPHEN F		1.2 NAME		William W. McCarten	
STREET ADDRESS	10400 FERNWOOD ROAD		1.3 STREE	ADDRESS	10400 Fernwood Road	
C(1Y-S1-Z(P	BETHESDA MD		1.4 CITY - 5	ST-ZIP	Bethesda, MD 20817-	1109
TITLE	٧	X I DELETE	2 1 THEF		V/T	Change 🙀 Addition
NAME.	MAYER, JEFFREY P		2 ? NAME		Lori A. Cramp	
STREET ADDRESS	10400 FERNWOOD ROAD		2.3 STREE	ADDRESS	10400 Fernwood Road	
CITY-ST-ZIP	BETHESDA MD		2.4 C(1) Y - 5	S1 - ZIP	Bethesda, MD 20817-	1109
TITLE	TV	🔀 DELETE	3 1 TIILE		· 'S	Change X Addition
NAME	PARSON, ROBERT E JR		3 2 NAME		Anita Cooke-Wells	
STREET ADDRESS	10400 FERNWOOD ROAD		3.3 STREE	1 ADDRESS	10400 Fernwood Road	
CITY- ST-ZIP	BETHESDA MD		3.4 CITY-5	ST-ZIP	Bethesda, MD 20817-1	1109
THLE	VS	🔀) DELETE	4. 1 TITLE		VD	Change 🔯 Addition
NAME	TOWNSEND, CHRISTOPHER (G	4.2 NAME		Joe P. Martin	
STREET ADDRESS	10400 FERNWOOD RD.		4.3.STREET	ADDRESS	10400 Fernwood Road	
CITY-ST-ZIP	BETHESDA MD		4.4 CITY - S		Bethesda, MD 20817-1	1109
TITLE	AS	🕅 DELETE	5 1 TITLE		V/D	Change 🔀 Addition
NAME	WALLACE, SUSAN E		5.2 NAME		John J. McCarthy	
STREET ADDRESS	10400 FERNWOOD RD.		5.3 STREET	AUDRESS	10400 Fernwood Road	
CITY - S1 - ZIP	Bethesda MD		5.4 CHTY - 8	ST-21P	Bethesda, MD 20817-1	109
TITLE	VD	₹] deleje	6. 1 TITLE		AS	Change 🔀 Addition
NAME	HART, MATTHEW J		6.2 NAME		Laura Polvinale	
STREET ADDRESS	10400 FERNWOOD ROAD		6.3 STREET	ADDRESS	10400 Fernwood Road	

City-St-ZiP BETHESDA MD

64 City-St-ZiP Bethesda, MD 20817—1109

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Anita
SIGNATURE AND TYPED OR PHINTED NAME OF SIGNING OFFICER OR DIRECTOR

Anita Cooke-Wells 4/18/96 (301) 380-9000

CR2E034 (12/95)