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Apr 28 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 # 437157 (1)

1. Corporation Name
SUNSHINE PARKWAY RESTAURANTS, INC.

Principal Place of Business
C/O MARRIOTT CORPORATION
10400 FERNWOOD RD., #862
BETHESDA MD 20058

Mailing Address
10400 FERNWOOD RD
DEPT 72/862
BETHESDA MD 20817-1109
US



3. Date Incorporated or Qualified 10/01/1973
3a. Date of Last Report 05/01/1996

2. Principal Place of Business 21 6600 Rockledge Drive Suite, Apt. #, etc. 22 Dept. 72-928.81 City & State 23 Bethesda, MD Zip 24 20817	2a. Mailing Address 26 6600 Rockledge Drive Suite, Apt. #, etc. 27 Dept. 72-928.81 City & State 28 Bethesda, MD Zip 29 20817	4. FEI Number 34-1131787 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
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9. Name and Address of Current Registered Agent

PRENTICE-HALL CORPORATION SYSTEM, INC.
110 NORTH MAGNOLIA STREET
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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, typed or printed 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	PD	1.1 TITLE	☒ Change ☐ Addition
NAME	WILLIAM W. MCCARTEN	1.2 NAME	
STREET ADDRESS	10400 FERNWOOD ROAD	1.3 STREET ADDRESS	6600 Rockledge Drive, Dept. 72-928.81
CITY-ST-ZIP	BETHESDA MD	1.4 CITY-ST-ZIP	Bethesda, MD 20817
TITLE	VT	2.1 TITLE	☒ Change ☐ Addition
NAME	LORI A. CRAMP	2.2 NAME	
STREET ADDRESS	10400 FERNWOOD ROAD	2.3 STREET ADDRESS	6600 Rockledge Drive, Dept. 72-928.81
CITY-ST-ZIP	BETHESDA MD	2.4 CITY-ST-ZIP	Bethesda, MD 20817
TITLE	S	3.1 TITLE	☐ Change ☒ Addition
NAME	ANITA COOKE-WELLS	3.2 NAME	
STREET ADDRESS	10400 FERNWOOD ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	BETHESDA FL	3.4 CITY-ST-ZIP	
TITLE	VD	4.1 TITLE	☒ Change ☐ Addition
NAME	JOE P. MARTIN	4.2 NAME	
STREET ADDRESS	10400 FERNWOOD ROAD	4.3 STREET ADDRESS	6600 Rockledge Drive, Dept. 72-928.81
CITY-ST-ZIP	BETHESDA FL	4.4 CITY-ST-ZIP	Bethesda, MD 20817
TITLE	VD	5.1 TITLE	☒ Change ☐ Addition
NAME	JOHN J. MCCARTHY	5.2 NAME	
STREET ADDRESS	10400 FERNWOOD ROAD	5.3 STREET ADDRESS	6600 Rockledge Drive, Dept. 72-928.81
CITY-ST-ZIP	BETHESDA MD	5.4 CITY-ST-ZIP	Bethesda, MD 20817
TITLE	AS	6.1 TITLE	☒ Change ☐ Addition
NAME	LAURA POLVINALE	6.2 NAME	
STREET ADDRESS	10400 FERNWOOD ROAD	6.3 STREET ADDRESS	6600 Rockledge Drive, Dept. 72-928.81
CITY-ST-ZIP	BETHESDA MD	6.4 CITY-ST-ZIP	Bethesda, MD 20817

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Sandra B. Mortham Secretary

4/2/97

(301) 380-2558

CR2E034 (9/96)