

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

FILED
Apr 30 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 437157 (1)
1. Corporation Name
SUNSHINE PARKWAY RESTAURANTS, INC.

Principal Place of Business 6600 ROCKLEDGE DR. DEPT. 72-928.81 BETHESDA MD 20817 US	Mailing Address 6600 ROCKLEDGE DR. DEPT. 72-928.81 BETHESDA MD 20817 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 10/01/1973	
4. FEI Number 34-1131787		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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No	

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 85 Zip Code FL	
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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 WILLIAM W. MCCARTEN 6600 ROCKLEDGE DR., DEPT. 72-928.81 BETHESDA MD	1.1 TITLE	☐ Change ☐ Addition
NAME	VT LORI A. CRAMP 6600 ROCKLEDGE DR., DEPT. 72-928.81 BETHESDA MD	1.2 NAME	
STREET ADDRESS	VDS JOE P. MARTIN 6600 ROCKLEDGE DR., DEPT. 72-928.81 BETHESDA FL	1.3 STREET ADDRESS	
CITY-ST-ZIP	VD JOHN J. MCCARTHY 6600 ROCKLEDGE DR., DEPT. 72-928.81 BETHESDA MD	1.4 CITY-ST-ZIP	
	AS LAURA POLVINALE 6600 ROCKLEDGE DR., DEPT. 72-928.81 BETHESDA MD	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	AS Laura A. Babin
		6.3 STREET ADDRESS	6600 Rockledge Dr., Dept. 72/928.81
		6.4 CITY-ST-ZIP	Bethesda, MD 20817

14. I 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:

Laura A. Babin

Laura A. Babin

4-15-98 (301) 380-2558

CR2E034 (10/97)