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PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 437157

1. Corporation Name
SUNSHINE PARKWAY RESTAURANTS, INC.

Principal Place of Business	Mailing Address
6600 ROCKEDGE DR. DEPT. 72-928.81 BETHESDA MD 20817 US	6600 ROCKLEDGE DR. DEPT. 72-928.81 BETHESDA MD 20817 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 10/01/1973

4. FEI Number: 34-1131787 ☐ Applied For ☐ Not Applicable

5. Certifcate 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 the current year Intangible Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business (21) | 2a. Mailing Address (26)
Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27)
City & State (23) | City & State (28)
Zip (24) Country (25) | Zip (29) Country (30)

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☒ DELETE	1.1 TITLE	P	☒ Change ☐ Addition
NAME	WILLIAM W. MCCARTEN		1.2 NAME	William W. McCarten	
STREET ADDRESS	6600 ROCKLEDGE DR., DEPT. 72-928.81		1.3 STREET ADDRESS	6600 Rockledge Dr., Dept. 72-928.81	
CITY-ST-ZIP	BETHESDA MD		1.4 CITY-ST-ZIP	Bethesda, MD 20817	
TITLE	VT	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	LORI A. CRAMP		2.2 NAME		
STREET ADDRESS	6600 ROCKLEDGE DR., DEPT. 72-928.81		2.3 STREET ADDRESS		
CITY-ST-ZIP	BETHESDA MD		2.4 CITY-ST-ZIP		
TITLE	VDS	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	JOE P. MARTIN		3.2 NAME		
STREET ADDRESS	6600 ROCKLEDGE DR.,DEPT. 72-928.81		3.3 STREET ADDRESS		
CITY-ST-ZIP	BETHESDA FL		3.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	JOHN J. MCCARTHY		4.2 NAME		
STREET ADDRESS	6600 ROCKLEDGE DR., DEPT. 72-928.81		4.3 STREET ADDRESS		
CITY-ST-ZIP	BETHESDA MD		4.4 CITY-ST-ZIP		
TITLE	AS	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	LAURA POLVINALE		5.2 NAME		
STREET ADDRESS	6600 ROCKLEDGE DR., DEPT. 72-928.81		5.3 STREET ADDRESS		
CITY-ST-ZIP	BETHESDA MD		5.4 CITY-ST-ZIP		
TITLE	AS	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	BABIN, LAURA A		6.2 NAME		
STREET ADDRESS	6600 ROCKLEDGE DRIVE DEPT 72/928.81		6.3 STREET ADDRESS		
CITY-ST-ZIP	BETHESDA MD 20817		6.4 CITY-ST-ZIP		

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, with all other like empowered.

SIGNATURE: Laura A. Babin SIGNATURE REQUIRED — Laura A. Babin — 4-21-99 — (301) 380-2558
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (11/98)