


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

FILED

Jan 28 1998 8:00am
Secretary of State

| | | |
|--|---|---|
| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # F97000002880 (9)

1. Corporation Name
A & W RESTAURANTS, INC.



| | |
|--|--|
| Principal Place of Business 17197 NO LAUREL PARK DR STE 500 LIVONIA MI 48152 | Mailing Address 17197 NO LAUREL PARK DR STE 500 LIVONIA MI 48152 |
|--|--|

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
06/03/1997

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

4. FEI Number
95-1627375

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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SO PINE ISLAND RD
PLANTATION FL 33324

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

| | | |
|----------------|---------------------------|---------------------------------|
| TITLE | CP | <input type="checkbox"/> DELETE |
| NAME | FELTENSTEIN, SIDNEY J | |
| STREET ADDRESS | 5328 NO BAY RD | |
| CITY-ST-ZIP | MIAMI BEACH FL 33140 | |
| TITLE | V | <input type="checkbox"/> DELETE |
| NAME | KLAPPER, PAUL F | |
| STREET ADDRESS | 160 SPEAR ST STE 1230 | |
| CITY-ST-ZIP | SAN FRANCISCO CA 94105 | |
| TITLE | V | <input type="checkbox"/> DELETE |
| NAME | BAZNER, KEVIN M | |
| STREET ADDRESS | 46350 PICKFORD | |
| CITY-ST-ZIP | NORTHVILLE MI 48167 | |
| TITLE | V | <input type="checkbox"/> DELETE |
| NAME | NIERZWICKI, PAUL E | |
| STREET ADDRESS | 24818 ARDEN PARK DRIVE | |
| CITY-ST-ZIP | FARMINGTON HILLS MI 48336 | |
| TITLE | VS | <input type="checkbox"/> DELETE |
| NAME | KOHLER, JOHN L | |
| STREET ADDRESS | 1879 HUNTER RIDGE DRIVE | |
| CITY-ST-ZIP | BLOOMFIELD HILLS MI 48304 | |
| TITLE | VAS | <input type="checkbox"/> DELETE |
| NAME | SULLIVAN, J R JR | |
| STREET ADDRESS | 9690 DEERECO RD STE 800 | |
| CITY-ST-ZIP | TIMONIUM MD 21093 | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 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.

SIGNATURE: *Sandra B. Mortham*

CR2E034 (10/97)