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

**PROFIT** CORPORATION ANNUAL REPORT

1997

Principal Place of Business

TITLE

NAME STREET ADDRESS

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

**FILED** 

Feb 12 1997 8:00am

Secretary of State

Change

☐ Addition

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 828070

(3)

Mailing Address

## SPECIALTY RESTAURANTS CORPORATION

4155 E LA PALMA AVE SUITE 250 ANAHEIM CA 82807		4155 E LA PALMA AVE SUITE 250 ANAHEIM CA 82807-1857				3. Date Incorporated or Qualified 06/01/1972	3a. Date of Last 04/17/199	· · · · · · · · · · · · · · · · · · ·
2. Principal F	Place of Business	28. Mailing Address				4. FEI Number	1 04/11/100	Applied For
21		26				95-2547743		Not Applicable
Suite, Apt.	#. etc.	Suite, Apt. #, etc.					C \$8.7	5 Additional
22	•	27				5. Certificate of Status Desired		Required
City & Stat	le	City & State				6. Election Campaign Financing	\$5.0	DO May Be
23		28				Trust Fund Contribution		ed to Fees
Zip	Country	Zip	Cou	intry		8. This corporation has liability for i		
24	25	29	30	•			Yes No	3. 8. 105.00z,
[67]	9. Name and Address of Curren		1001	Ι		10. Name and Address of New Re	·	
DO				81	Name			
PRENTICE-HALL CORPORATION SYSTEM, INC.								
110 NORTH MAGNOLIA STREET				82	Street Add	et Address (P.O. Box Number is Not Acceptable)		
TALLAHASSEE FL 32301				83				
						·		
				84	City		FL 85	Zip Code
11 Purcuent	to the gradisines of Sections 607 050	2 and 607 1509 Florida State	the the s	DO16	namad sar	poration submits this statement for the p		o its registered
office or	registered agent, or both, in the State	of Florida. Such change was	authorize	d by	the corpora	tion's board of directors. I hereby accept	of the appointment	as registered
agent La	am familiar with, and accept the obliga	ations of, Section 607.0505, F	Florida Sta	tutes	<b>S</b> .			ļ
SIGNATURE							DATE	
12.	Signature typed or printed name of registered age OFFICERS AN		JIE: Registere	d Age	int signature requ	ired when reinstating)  ADDITIONS/CHANGES TO OFFICE		ODE IN 12
TITLE	PD OFFICERS ANI	DELETE	111	IT: C	<del>-                                    </del>	ADDITIONS/CHANGES TO OFFIC	Chan	
	TALLICHET, DAVID C JR	E-J DELLE		AME			L. 01101	go
NAME								
STREET ADDRESS	4155 E LA PALMA AVE #250		- 1		ADDRESS			Į.
CITY-\$1-ZIP	ANAHEIM CA	Driere		ITY-S	T- ZIP		Char	an Addition
THILE	VD						☐ Chan	ge [_] Addition
NAME	TALLICHET, CECILIA		2.2 N		Į.			ļ
STREET ADDRESS	4155 E LA PALMA AVE #250		2.3 S	TREET	ADORESS			
CITY-ST-ZIP	ANAHEIM CA				ST-ZIP			
TITLE	AS	DELETE	3.1 T	TLE	ļ		Chan	ge 🛄 Addition
NAME	MCMAHON, JUDITH		3.2 N	AME				
STREET ADDRESS	4155 E LA PALMA AVE #250		3.3 \$	TREET	ADORESS			
CHY-S1-ZIP	ANAHEIM CA		3.4 (	CITY-5	ST-ZIP			
TITLE	ST	☐ DELETE	4.1 T	ITLE			Char	ge 🔲 Addition
NAME	TALLICHET, CECILIA		4.21	NAME				
STREET ADDRESS	4155 E LA PALMA AVE #250		4.3 \$	TREET	ADDRESS			
CITY - S1 - ZIP	ANAHEIM CA		4.40	HTY-S	it-ZIP			
TITLE	AT	DELETE	5.1 T				☐ Char	ge Addition
NAME	ROYSE, BOB D.		5.2 N	AME	Ì			Ì
STREET ADDRESS			5.3 S	TREET	ADDRESS			
CITY ST-7P	ANAHFIM CA				T-7IP			

☐ DELETE

6.1 TITLE

6.2 NAME

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.

**6.3 STREET ADDRESS** 6.4 CITY-ST-ZIP