

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

FILED

Apr 16 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 # 456358 (1)

1. Corporation Name
MCDONALD'S RESTAURANTS OF FLORIDA, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business BOX 66351 AMF O'HARE AIRPORT CHICAGO IL 60666	Mailing Address BOX 66351 AMF O'HARE AIRPORT CHICAGO IL 60666
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3. Date Incorporated or Qualified
07/03/1974

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

4. FEI Number
36-2802459

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.
1201 HAYES ST
STE 105
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	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RENSI, EDWARD H	1.2 NAME	GREENBERG, JACK M.
STREET ADDRESS	ONE MCDONALD'S PLAZA	1.3 STREET ADDRESS	
CITY-ST-ZIP	OAK BROOK, IL 0	1.4 CITY-ST-ZIP	60523
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREENBERG, JACK M.	2.2 NAME	CONLEY, MICHAEL L.
STREET ADDRESS	ONE MCDONALD'S PLAZA	2.3 STREET ADDRESS	
CITY-ST-ZIP	OAK BROOK, IL 0	2.4 CITY-ST-ZIP	60523
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANGLEY, JERRY G.	3.2 NAME	
STREET ADDRESS	ONE MCDONALD'S PLAZA	3.3 STREET ADDRESS	
CITY-ST-ZIP	OAK BROOK, IL 0	3.4 CITY-ST-ZIP	60523
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAULL, MATTHEW H.	4.2 NAME	
STREET ADDRESS	ONE MCDONALD'S PLAZA	4.3 STREET ADDRESS	
CITY-ST-ZIP	OAK BROOK, IL 0	4.4 CITY-ST-ZIP	60523
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANTONA, GLORIA	5.2 NAME	
STREET ADDRESS	ONE MCDONALD'S PLAZA	5.3 STREET ADDRESS	
CITY-ST-ZIP	OAK BROOK, IL 0	5.4 CITY-ST-ZIP	60523
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEARL, CARLETON D	6.2 NAME	
STREET ADDRESS	ONE MCDONALD'S PLAZA	6.3 STREET ADDRESS	
CITY-ST-ZIP	OAK BROOK, IL 0	6.4 CITY-ST-ZIP	60523

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 checked on an attachment to an address.

SIGNATURE _____

PAUL J. SCHAFFHAUSEN
 ASSISTANT VICE PRESIDENT 04/03/98 (630) 623-3295

CF2E034 (10/97)