FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 PM 3:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 503382 (4)

1. Corporation Name

ALTAMONTE RESTAURANTS, INC.

Principal Place of Business	Mailing Address
18801 VENTURA BLVD #200 TARZANA CA 91356 US	18801 VENTURA BLVD #200 TARZANA CA 91356 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/18/1976	3a. Date of Last Report: 04/05/1994
4. FEI Number: 94-2395735	☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	

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

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
% C T CORPORATION SYSTEM
1200 SOUTH 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 ______ 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	P	1 1 TITLE	☐ Change ☐ Addition
NAME	ROULEAU, MARK	1 2 NAME	
STREET ADDRESS	18801 VENTURA BLVD #200	1 3 STREET ADDRESS	
CITY-ST-ZIP	TARZANA CA	1 4 CITY-ST-ZIP	
TITLE	TD	2 1 TITLE	S/T/D — XX Change ☐ Addition
NAME	KNIGHT, JOHN	2 2 NAME	KNIGHT, JOHN
STREET ADDRESS	18801 VENTURA BLVD #200	2 3 STREET ADDRESS	18801 VENTURA BLVD #200
CITY-ST-ZIP	TARZANA CA	2 4 CITY-ST-ZIP	TARZANA, CA 91356
TITLE	SD	3 1 TITLE	X Change ☐ Addition
NAME	WYCKOFF, LISA	3 2 NAME	
STREET ADDRESS	18801 VENTURA BLVD #200	3 3 STREET ADDRESS	DELETE
CITY-ST-ZIP	TARZANA CA	3 4 CITY-ST-ZIP	
TITLE		4 1 TITLE	☐ Change ☐ Addition
NAME		4 2 NAME	
STREET ADDRESS		4 3 STREET ADDRESS	
CITY-ST-ZIP		4 4 CITY-ST-ZIP	
TITLE		5 1 TITLE	☐ Change ☐ Addition
NAME		5 2 NAME	
STREET ADDRESS		5 3 STREET ADDRESS	
CITY-ST-ZIP		5 4 CITY-ST-ZIP	
TITLE		6 1 TITLE	☐ Change ☐ Addition
NAME		6 2 NAME	
STREET ADDRESS		6 3 STREET ADDRESS	
CITY-ST-ZIP		6 4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: John Knight JOHN KNIGHT, SECRETARY FEBRUARY 2, 1995 818/345-9910

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0482906 FP