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 AM 8:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **515972** **(8)**

1. Corporation Name

ST. PETERSBURG WATERFRONT RESTAURANT CORPORATION

Principal Place of Business	Mailing Address
4155 E LA PALMA AVE SUITE 250 ANAHEIM CA 92607	4155 E LA PALMA AVE SUITE 250 ANAHEIM CA 92607

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **10/06/1976**
3a. Date of Last Report: **05/01/1994**

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

4. FEI Number: **95-3121671** ☐ 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

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC
1201 HAYES STREET
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 Section 607.0502 and 607.1908, 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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '95	
TYPE	DV	TYPE	☐ Change ☐ Addition
NAME	TALLICHET, CECILIA	NAME	
STREET ADDRESS	4155 E LA PALMA AVE #250	STREET ADDRESS	
CITY, ST, ZIP	ANAHEIM CA	CITY, ST, ZIP	
TYPE	PD	TYPE	☐ Change ☐ Addition
NAME	TALLICHET, DAVID C JR	NAME	
STREET ADDRESS	4155 E LA PALMA AVE #250	STREET ADDRESS	
CITY, ST, ZIP	ANAHEIM CA	CITY, ST, ZIP	
TYPE	AS	TYPE	☐ Change ☐ Addition
NAME	MCMAHON, JUDITH	NAME	
STREET ADDRESS	4155 E LA PALMA AVE #250	STREET ADDRESS	
CITY, ST, ZIP	ANAHEIM CA	CITY, ST, ZIP	
TYPE	AT	TYPE	☐ Change ☐ Addition
NAME	ROYSE, BOB D.	NAME	
STREET ADDRESS	4155 E LA PALMA AVE #250	STREET ADDRESS	
CITY, ST, ZIP	ANAHEIM CA	CITY, ST, ZIP	
TYPE	ST	TYPE	☐ Change ☐ Addition
NAME	TALLICHET, CECILIA	NAME	
STREET ADDRESS	4155 E LA PALMA AVE #250	STREET ADDRESS	
CITY, ST, ZIP	ANAHEIM CA	CITY, ST, ZIP	
TYPE		TYPE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY, ST, ZIP		CITY, ST, ZIP	

14. I hereby certify that the information supplied with this report is substantially complete and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this 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 above, or on an attachment with an address.

SIGNATURE: Cecilia Tallichet Cecilia Tallichet V.P. 4-21-95 714 579 3902
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0383212 CP