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 # 516532 (9)

1. Corporation Name

TAMPA WATERFRONT RESTAURANT CORPORATION

Principal Place of Business	Mailing Address
4155 E LA PALMA AVE SUITE 250 ANAHEIM CA 92807	4155 E LA PALMA AVE SUITE 250 ANAHEIM CA 92807

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/15/1976
3a. Date of Last Report: 05/01/1994
4. FEI Number: 95-3121674 — [ ] 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 — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29; Country — 25 / 30

9. Name and Address of Current Registered Agent

PRENTICE-HALL CORPORATION SYSTEM, INC.
110 NORTH MAGNOLIA STREET
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

12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DV	11 TITLE	[ ] Change [ ] Addition
NAME	TALLICHET, CECILIA	12 NAME	
STREET ADDRESS	4155 E LA PALMA AVE #250	13 STREET ADDRESS	
CITY-ST-ZIP	ANAHEIM CA	14 CITY-ST-ZIP	
TITLE	AS	21 TITLE	[ ] Change [ ] Addition
NAME	MCMAHON, JUDITH	22 NAME	
STREET ADDRESS	4155 E LA PALMA AVE #250	23 STREET ADDRESS	
CITY-ST-ZIP	ANAHEIM CA	24 CITY-ST-ZIP	
TITLE	PD	31 TITLE	[ ] Change [ ] Addition
NAME	TALLICHET, DAVID C JR	32 NAME	
STREET ADDRESS	4155 E LA PALMA AVE #250	33 STREET ADDRESS	
CITY-ST-ZIP	ANAHEIM CA	34 CITY-ST-ZIP	
TITLE	AT	41 TITLE	[ ] Change [ ] Addition
NAME	ROYSE, BOB D.	42 NAME	
STREET ADDRESS	4155 E LA PALMA AVE #250	43 STREET ADDRESS	
CITY-ST-ZIP	ANAHEIM CA	44 CITY-ST-ZIP	
TITLE	ST	51 TITLE	[ ] Change [ ] Addition
NAME	TALLICHET, CECILIA	52 NAME	
STREET ADDRESS	4155 E LA PALMA AVE #250	53 STREET ADDRESS	
CITY-ST-ZIP	ANAHEIM CA	54 CITY-ST-ZIP	
TITLE		61 TITLE	[ ] Change [ ] Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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)(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: Cecilia Tallichet V.P. Cecilia Tallichet 4-21-95 714 579 3900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0303213 CP