

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra A. Martinez
Secretary of State
3300 N.W. 11th Avenue, Suite 1000
Fort Lauderdale, FL 33304-3000

APPROVED

FILED

07 MAY 1996 7:47

RESTAURA, INC.
FORT LAUDERDALE, FLORIDA

DOCUMENT # 811584

(2)

1. Corporation Name

RESTAURA, INC.

Principal Office Address

THE DIAL TOWER
#1023
PHOENIX AZ 85077

Mail Stop Address

THE TAX DEPT
THE DIAL TOWER #1023
PHOENIX AZ 85077

(DO NOT WRITE IN THIS SPACE)

3. Date Incorporated or Qualified

01/22/1957

3a. Date of Last Report

05/01/1994

4. FID Number

38-1206635

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for retroactive fees under 5-1003.002

Florida Statutes

☒ Yes ☐ No

2. Principal Office Address

21

State, Apt #, etc.

22

City & State

23

Zip

24

25

2a. Mailing Address

26

State, Apt #, etc.

27

City & State

28

Zip

29

30

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
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 607.07(2) 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 607.07(5), Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	VPT
NAME	NELSON, R.G.
STREET ADDRESS	12651 N. 102ST STREET
CITY, ST, ZIP	SCOTTSDALE AZ
TITLE	VAS
NAME	HELSTEN, D. L.
STREET ADDRESS	7798 E VIA CASTA
CITY, ST, ZIP	SCOTTSDALE AZ
TITLE	P
NAME	FASSLER, JK
STREET ADDRESS	10002 N. 55 STREET
CITY, ST, ZIP	PHOENIX AZ
TITLE	VPO
NAME	RAGO N A
STREET ADDRESS	4402 MOONLIGHT WAY
CITY, ST, ZIP	PARADISE VALLEY AZ
TITLE	D
NAME	TEETS, JW
STREET ADDRESS	DIAL TOWER
CITY, ST, ZIP	PHOENIX AZ
TITLE	VPS
NAME	EMERSON, F G
STREET ADDRESS	4011 E. SAN JUAN
CITY, ST, ZIP	PHOENIX AZ

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	
9. TITLE	☐ Change ☒ Addition
10. NAME	P/D
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	
17. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. CITY, ST, ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and checked out quickly for the exemption stated in Section 119.07(2)(b), Florida Statutes. I further certify that the information included 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 owner or transferor empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report or in an affidavit filed with an affidavit.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Keyin F. Adams
Vice President / Controller

4/20/95 (602) 207
7176