

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

**FILED**  
**May 02 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION  
 ANNUAL REPORT  
**1997**



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

**DOCUMENT # 811584 (2)**

1. Corporation Name  
**RESTAURA, INC.**



Principal Place of Business Mailing Address  
**THE DIAL TOWER #1023 PHOENIX AZ 85077**  
**THE TAX DEPT. THE DIAL TOWER -1023 PHOENIX AZ 85077**

3. Date Incorporated or Qualified **01/22/1957** 3a. Date of Last Report **05/01/1996**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number <b>38-1206635</b>		Applied For	
21		26				Not Applicable	
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
24. Zip		29. Zip		30. Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324</b>				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City <b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PD FASSLER, J.K.</b>	1.2 NAME	
STREET ADDRESS	<b>10002 N 55 ST</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>SCOTTSDALE AZ 85253</b>	1.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VAS HELSTEN, D. L.</b>	2.2 NAME	
STREET ADDRESS	<b>7798 E VIA CASTA</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>SCOTTSDALE AZ</b>	2.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PD FASSLER, JK</b>	3.2 NAME	
STREET ADDRESS	<b>10002 N. 55 STREET</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>PHOENIX AZ</b>	3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VPD RAGO N A</b>	4.2 NAME	
STREET ADDRESS	<b>4402 MOONLIGHT WAY</b>	4.3 STREET ADDRESS	
CITY - ST - ZIP	<b>PARADISE VALLEY AZ</b>	4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>D TEETS, JW</b>	5.2 NAME	<b>Director Bohannon, Robert H</b>
STREET ADDRESS	<b>DIAL TOWER</b>	5.3 STREET ADDRESS	<b>Viad Tower - 1023</b>
CITY - ST - ZIP	<b>PHOENIX AZ</b>	5.4 CITY - ST - ZIP	<b>Phoenix, AZ 85077-1023</b>
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VPS EMERSON, F G</b>	6.2 NAME	<b>VPS Sayre, S.</b>
STREET ADDRESS	<b>4011 E. SAN JUAN</b>	6.3 STREET ADDRESS	<b>Viad Tower - 1023</b>
CITY - ST - ZIP	<b>PHOENIX AZ</b>	6.4 CITY - ST - ZIP	<b>Phoenix AZ 85077-1023</b>

14. I do 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 changed, or on an attachment with an address.

SIGNATURE: [Signature] **SIGNATURE REQUINIOE PRESIDENT** Date: **(602) 207-7176** Daytime Phone # **0528205**

CR2E034 (9/96)