

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 820718 (5)

1. Corporation Name

BONANZA RESTAURANTS, INC.



Principal Place of Business

P.O. BOX 224018
TAX DEPT
DALLAS TX 75222-4018
US

Mailing Address

P.O. BOX 224018
TAX DEPT
DALLAS TX 75222-4019
US

3. Date Incorporated or Qualified

09/11/1967

3a. Date of Last Report

01/24/1995

4. FEI Number

13-2566611

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 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTES, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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 date of signature

NOTE: Registered Agent signature required when re-registering

DATE

12. OFFICERS AND DIRECTORS

TITLE SD
NAME MCCARTHY, JAMES W
STREET ADDRESS 12404 PARK CENTRAL DRIVE
CITY- ST- ZIP DALLAS TX ☐ DELETE

TITLE DCP
NAME KAUFMAN, MICHAEL S.
STREET ADDRESS TERMINAL DR., PO BOX 578 N/A
CITY- ST- ZIP DAYTON OH ☐ DELETE

TITLE DT
NAME RIEGER, JAMES J.
STREET ADDRESS TERMINAL DR., PO BOX 578 N/A
CITY- ST- ZIP DAYTON OH ☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY- ST- ZIP

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 12404 PARK CENTRAL DR
2.4 CITY- ST- ZIP Dallas, TX 75251

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME T
3.3 STREET ADDRESS DIANA S. WYNNE
3.4 CITY- ST- ZIP 12404 PARK CENTRAL DR
Dallas, TX 75251

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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: *Carolyn Carpenter*
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CAROLYN CARPENTER
ASSISTANT SECRETARY

4-16-96 214-404-5013
Date Daytime Phone #

CR2E034 (12/95)