

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
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**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 JAN 24 PM 12:42

DOCUMENT # 836574

(4)

1. Corporation Name

S & A RESTAURANT CORP.

Principal Place of Business

12404 PARK CENTRAL DR.
C/O TAX DEPT.
DALLAS TX 75251

Mailing Address

12404 PARK CENTRAL DR.
C/O TAX DEPT.
DALLAS TX 75251

DO NOT WRITE IN THIS SPACE.

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

3. Date Incorporated or Qualified	3a. Date of Last Report
06/24/1976	04/29/1994
4. FEI Number	Applied For
75-1361860	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 HAYS STREET SUITE 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 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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	P
NAME	KAUFMAN, MICHAEL S
STREET ADDRESS	292 DOUGLAS RD
CITY- ST- ZIP	CHAPPAQUA NY
TITLE	T
NAME	MCCOLLUM, J. D
STREET ADDRESS	2425 BEAVER BEND DR
CITY- ST- ZIP	PLANO TX
TITLE	S
NAME	WADLER, ARNOLD L
STREET ADDRESS	85 SCHOOL ROAD EAST
CITY- ST- ZIP	MARLBORO NJ
TITLE	VPAS
NAME	MCCARTHY, JAMES W
STREET ADDRESS	2613 MILLINGTON
CITY- ST- ZIP	PLANO TX
TITLE	AS
NAME	CARPENTER, CAROLYN
STREET ADDRESS	2009 WHIPPOORWILL
CITY- ST- ZIP	CARROLLTON TX
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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	
2.4 CITY- ST- ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
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 110.07(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:

SIGNATURE AND TYPE OR PRINTED NAME OF AGING OFFICER OR DIRECTOR

CAROLYN CARPENTER
ASSISTANT SECRETARY

1-16-95

214-401-5013