

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

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

3. Date Incorporated or Qualified: 06/24/1976
3a. Date of Last Report: 01/24/1995
4. FEI Number: 75-1361860
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. Suite, Apt. #, etc.
22. City & State
23. Zip
24. Country
2a. Mailing Address
26. Suite, Apt. #, etc.
27. City & State
28. Zip
29. Country
30. Zip

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
85. Zip Code: FL

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: _____ DATE: _____
Signature, typed or printed name of registered agent and the corporation. (Typed name of registered agent is preferred.)

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	KAUFMAN, MICHAEL S	
STREET ADDRESS	292 DOUGLAS RD	
CITY-ST-ZIP	CHAPPAQUA NY	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	MCCOLLUM, J. D	
STREET ADDRESS	2425 BEAVER BEND DR	
CITY-ST-ZIP	PLANO TX	
TITLE	S	<input type="checkbox"/> DELETE
NAME	WADLER, ARNOLD L	
STREET ADDRESS	85 SCHOOL ROAD EAST	
CITY-ST-ZIP	MARLBORO NJ	
TITLE	VPAS	<input type="checkbox"/> DELETE
NAME	MCCARTHY, JAMES W	
STREET ADDRESS	2613 MILLINGTON	
CITY-ST-ZIP	PLANO TX	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	CARPENTER, CAROLYN	
STREET ADDRESS	2009 WHIPPOORWILL	
CITY-ST-ZIP	CARROLLTON TX	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	
13. STREET ADDRESS	
14. CITY-ST-ZIP	
21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	
23. STREET ADDRESS	
24. CITY-ST-ZIP	
31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME	
33. STREET ADDRESS	
34. CITY-ST-ZIP	
41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME	
43. STREET ADDRESS	
44. CITY-ST-ZIP	
51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME	
53. STREET ADDRESS	
54. CITY-ST-ZIP	
61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME	
63. STREET ADDRESS	
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)(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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CAROLYN CARPENTER 4-16-96 214-404-5013
ASSISTANT SECRETARY DATE DAYTIME PHONE #

CR2E034 (12/95)