

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **F92000000898 (8)**
1. Corporation Name
SOUTH WADSWORTH RESTAURANT CORPORATION



Principal Place of Business
**3333 S. WADSWORTH
STE 8104
LAKEWOOD CO 80227
US**

Mailing Address
**3333 S. WADSWORTH
STE 8104
LAKEWOOD CO 80227
US**

3. Date Incorporated or Qualified
12/24/1992

3a. Date of Last Report
08/15/1995

4. FEI Number
91-1553063

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

10. Name and Address of New Registered Agent

2. Principal Place of Business
21 **4651 Hwy 73**
Suite, Apt. #, etc.
22 **604**
City & State
23 **Evergreen CO**
Zip
24 **80439**

2a. Mailing Address
26 **4651 Hwy 73**
Suite, Apt. #, etc.
27 **604**
City & State
28 **Evergreen CO**
Zip
29 **80439** Country
30 **USA**

9. Name and Address of Current Registered Agent
**HARTMAN, JAMES A
400 EAST SOUTH ST.
STE. 401
ORLANDO FL 32801**

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 607.0602 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 607.0605, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and the filing officer. NOTE: Registered Agent Signature required when registered.

12. OFFICERS AND DIRECTORS

TITLE	DCP	<input type="checkbox"/> DELETE
NAME	FOPPIANO, JAMES R	
STREET ADDRESS	22833 BOTHELL EVERETT HWY #1117	
CITY-ST-ZIP	BOTHELL WA	
TITLE	DVC	<input type="checkbox"/> DELETE
NAME	KUTCH, MICHAEL R	
STREET ADDRESS	3333 S. WADSWORTH, STE.D-211	
CITY-ST-ZIP	LAKEWOOD CO 80227	
TITLE	DST	<input type="checkbox"/> DELETE
NAME	GOODWIN, ROBERT F	
STREET ADDRESS	27206 CALAROGA AVE., STE. 205	
CITY-ST-ZIP	HAYWARD CA 94545	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KUTCH, SHELLEY D	
STREET ADDRESS	3333 S. WADSWORTH B-104	
CITY-ST-ZIP	LAKEWOOD CO	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	KUTCH, MICHAEL R	
STREET ADDRESS	3333 W WADSWORTH #B-104	
CITY-ST-ZIP	LAKEWOOD CO	
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		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
21 TITLE		
22 NAME		
23 STREET ADDRESS	4651 Hwy 73 #604	
24 CITY-ST-ZIP	EVERGREEN CO 80439	<input type="checkbox"/> Change <input type="checkbox"/> Addition
31 TITLE		
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
41 TITLE		
42 NAME		
43 STREET ADDRESS	4651 Hwy 73 #604	
44 CITY-ST-ZIP	EVERGREEN CO 80439	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
51 TITLE		
52 NAME		
53 STREET ADDRESS	4651 Hwy 73 #604	
54 CITY-ST-ZIP	EVERGREEN CO 80439	<input type="checkbox"/> Change <input type="checkbox"/> Addition
61 TITLE		
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: Shelley Kutch Director **4/9/96** 303-670-9252
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)