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FILED  
May 08 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 # F93000002655 (9)

1. Corporation Name  
KOO KOO ROO, INC.



Principal Place of Business  
11075 SANTA MONICA BLVD.  
SUITE 225  
LOS ANGELES CA 90025

Mailing Address  
11075 SANTA MONICA BLVD.  
SUITE 225  
LOS ANGELES CA 90025-3556

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

06/08/1993

3a. Date of Last Report

05/01/1996

4. FEI Number

22-3132583

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

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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	EVP	<input type="checkbox"/> DELETE
NAME	MC SHANE, JACK	
STREET ADDRESS	11075 SANTA MONICA BLVD., SUITE 225	
CITY - ST - ZIP	LOS ANGELES CA	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	BIRDSALL, JOHN	
STREET ADDRESS	11075 SANTA MONICA BLVD., SUITE 225	
CITY - ST - ZIP	LOS ANGELES CA	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	BERG, KENNETH J	
STREET ADDRESS	11075 SANTA MONICA BLVD., SUITE 225	
CITY - ST - ZIP	LOS ANGELES CA 90025	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BERG, KORY L	
STREET ADDRESS	11075 SANTA MONICA BLVD., SUITE 205	
CITY - ST - ZIP	LOS ANGELES CA 90025	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	WALL, MORTON J	
STREET ADDRESS	11075 SANTA MONICA BLVD., SUITE 205	
CITY - ST - ZIP	LOS ANGELES CA 90025	
TITLE	P	<input type="checkbox"/> DELETE
NAME	MOOSLIN, MICHAEL D	
STREET ADDRESS	11075 SANTA MONICA BLVD. SUITE 225	
CITY - ST - ZIP	LOS ANGELES CA 90025	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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 REQUIRED

04-28-97 (30) 474-2080

Date

Daytime Phone #

0601662

CR2E034 (9/96)