

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

FILED  
May 15 1998 8:00am  
Secretary of State

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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		06/08/1993	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		22-3132583	
24 Country		29 Country		Applied For	
				Not Applicable	
				5. Certificate of Status Desired	
				<input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing	
				<input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	EVP	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	CEO	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	MCSHANE, JACK		1.2 NAME	Bill Allen			
STREET ADDRESS	11075 SANTA MONICA BLVD., SUITE 225		1.3 STREET ADDRESS	11075 Santa Monica Blvd., Ste. # 225			
CITY-ST-ZIP	LOS ANGELES CA		1.4 CITY-ST-ZIP	Los Angeles, CA 90025			
TITLE	VP	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	Chairman of the Board	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	BIRDSALL, JOHN		2.2 NAME	Lee Iacocca			
STREET ADDRESS	11075 SANTA MONICA BLVD., SUITE 225		2.3 STREET ADDRESS	11075 Santa Monica Blvd., Ste. # 225			
CITY-ST-ZIP	LOS ANGELES CA		2.4 CITY-ST-ZIP	Los Angeles, CA 90025			
TITLE	CD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	Board Member	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	BERG, KENNETH J		3.2 NAME	Mel Harris			
STREET ADDRESS	11075 SANTA MONICA BLVD., SUITE 225		3.3 STREET ADDRESS	11075 Santa Monica Blvd., Ste. # 225			
CITY-ST-ZIP	LOS ANGELES CA 90025		3.4 CITY-ST-ZIP	Los Angeles, CA 90025			
TITLE	D	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	Board Member	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	BERG, KORY L		4.2 NAME	Rob Kautz			
STREET ADDRESS	11075 SANTA MONICA BLVD., SUITE 205		4.3 STREET ADDRESS	11075 Santa Monica Blvd., Ste. # 225			
CITY-ST-ZIP	LOS ANGELES CA 90025		4.4 CITY-ST-ZIP	Los Angeles, CA 90025			
TITLE	ST	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	Board Member	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	WALL, MORTON J		5.2 NAME	Ann Graham Ehringer PhD			
STREET ADDRESS	11075 SANTA MONICA BLVD., SUITE 205		5.3 STREET ADDRESS	11075 Santa Monica Blvd., Ste. # 225			
CITY-ST-ZIP	LOS ANGELES CA 90025		5.4 CITY-ST-ZIP	Los Angeles, CA 90025			
TITLE	P	<input checked="" type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	MOOSLIN, MICHAEL D		6.2 NAME				
STREET ADDRESS	11075 SANTA MONICA BLVD. SUITE 225		6.3 STREET ADDRESS				
CITY-ST-ZIP	LOS ANGELES CA 90025		6.4 CITY-ST-ZIP				

14. I 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 in an attachment with an address.

SIGNATURE \_\_\_\_\_ 5/1/98 (30) 479-2080

CP2E034 (10/97)