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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 29, 1999 8:00 am
Secretary of State

0553217

04-29-1999 90235 014 ***150.00

DOCUMENT # F93000002655

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

2. Principal Place of Business
21 c/o Prandium, Inc...

2a. Mailing Address
26 c/o Prandium, Inc.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 2701 Alton Parkway

27 2701 Alton Parkway

City & State

City & State

23 Irvine, CA

28 Irvine, CA

Zip

Zip

24 92606

29 92606

Country

30 USA

9. Name and Address of Current 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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

CR2E034 (11/98)

TITLE	CEO	X	DELETE	1.1 TITLE	CEO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALLEN, BILL			1.2 NAME	Kevin S. Relyea	
STREET ADDRESS	11075 SANTA MONICA BLVD. SUITE 225			1.3 STREET ADDRESS	18831 Von Karman Ave., Ste. 400	
CITY-ST-ZIP	LOS ANGELES CA 90025			1.4 CITY-ST-ZIP	Irvine, CA 92612	
TITLE	COB	X	DELETE	2.1 TITLE	Pres.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	IACOCCA, LEE			2.2 NAME	Gayle A. De Brosse	
STREET ADDRESS	11075 SANTA MONICA BLVD. SUITE 225			2.3 STREET ADDRESS	18831 Von Karman Ave., Ste. 400	
CITY-ST-ZIP	LOS ANGELES CA 90025			2.4 CITY-ST-ZIP	Irvine, CA 92612	
TITLE	BM	X	DELETE	3.1 TITLE	V.P.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HARRIS, MEL			3.2 NAME	Robert T. Trebing, Jr.	
STREET ADDRESS	11075 SANTA MONICA BLVD., SUITE 225			3.3 STREET ADDRESS	18831 Von Karman Ave., Ste. 400	
CITY-ST-ZIP	LOS ANGELES CA 90025			3.4 CITY-ST-ZIP	Irvine, CA 92612	
TITLE	BM	X	DELETE	4.1 TITLE	Tres.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KAUTZ, ROB			4.2 NAME	Robert D. Gonda	
STREET ADDRESS	11075 SANTA MONICA BLVD., SUITE 205			4.3 STREET ADDRESS	18831 Von Karman Ave., Ste. 400	
CITY-ST-ZIP	LOS ANGELES CA 90025			4.4 CITY-ST-ZIP	Irvine, CA 92612	
TITLE	BM	X	DELETE	5.1 TITLE	Sec.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EHRINGER, PHD A			5.2 NAME	Todd E. Doyle	
STREET ADDRESS	11075 SANTA MONICA BLVD., SUITE 205			5.3 STREET ADDRESS	18831 Von Karman Ave., Ste. 400	
CITY-ST-ZIP	LOS ANGELES CA 90025			5.4 CITY-ST-ZIP	Irvine, CA 92612	
TITLE		X	DELETE	6.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME				6.2 NAME	Kevin S. Relyea	
STREET ADDRESS				6.3 STREET ADDRESS	18831 Von Karman Ave., Ste. 400	
CITY-ST-ZIP				6.4 CITY-ST-ZIP	Irvine, CA 92612	

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 on an attachment with an address, with all other like empowered.

SIGNATURE:



SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert T. Trebing, Jr. 4/23/99 (949)757-7900
Daytime Phone #