

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F93000005594 (7)

1. Corporation Name

HARD ROCK CAFE, INC.



Principal Place of Business

Mailing Address

5401 KIRKMAN RD., #200
ORLANDO FL 32819

5401 KIRKMAN RD., #200
ORLANDO FL 32819

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc

26 5 Concourse Pkwy

23 City & State

27 Suite, Apt #, etc

27 #2400

24 Zip

Country

28 City & State

29 Zip

Country

28 ATLANTA, GA

29 30328

Country

30 USA

3. Date Incorporated or Qualified

12/09/1993

3a. Date of Last Report

03/02/1995

4. FEI Number

51-0329937

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

10. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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 PD
NAME LEVITT, ARTHUR III
STREET ADDRESS 5401 KIRKMAN RD., #200
CITY-ST-ZIP ORLANDO FL 32819

☒ DELETE

TITLE VAS
NAME COUTU, MICHAEL
STREET ADDRESS 5401 KIRKMAN ROAD, #200
CITY-ST-ZIP ORLANDO FL

☐ DELETE

TITLE DVP
NAME WATSON, JOHN H
STREET ADDRESS 5 CONCOURSE PKWY., #2400
CITY-ST-ZIP ATLANTA GA

☐ DELETE

TITLE S
NAME FOWLER, ANN
STREET ADDRESS 5 CONCOURSE PKWY., #2400
CITY-ST-ZIP ATLANTA GA 30328

☒ DELETE

TITLE T
NAME DELANEY, THOMAS G
STREET ADDRESS 5 CONCOURSE PKWY., #2400
CITY-ST-ZIP ATLANTA GA 30328

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE PD
12 NAME JAMES G. BERK
13 STREET ADDRESS 5401 Kirkman Rd, #200
14 CITY-ST-ZIP Orlando, FL 32819

☐ Change ☒ Addition

21 TITLE S
22 NAME LESLIE O. JONES
23 STREET ADDRESS 5 Concourse Pkwy
24 CITY-ST-ZIP Atlanta, GA 30328

☐ Change ☒ Addition

31 TITLE AS
32 NAME JACK L. McNEESE
33 STREET ADDRESS 5 Concourse Pkwy #2400
34 CITY-ST-ZIP Atlanta, GA 31328

☐ Change ☒ Addition

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

☐ Change ☐ Addition

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

☐ Change ☐ Addition

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

☐ Change ☐ Addition

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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Designated Phone #

CR2E034 (3/96)