


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

05594

**FILED**  
**Mar 17, 1999 8:00 am**  
**Secretary of State**

03-17-1999 90149 049 \*\*\*150.00

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # F96000003455</b>					
1. Corporation Name <b>SCHLOTZSKY'S REAL ESTATE, INC.</b>					
Principal Place of Business <b>203 COLORADO STREET AUSTIN TX 78701 US</b>			Mailing Address <b>203 COLORADO STREET AUSTIN TX 78701 US</b>		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>06/12/1996</b>	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number <b>74-2654209</b>	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23 Zip Country		28 Zip Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24 25		29 30		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent <b>THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301</b>			10. Name and Address of New Registered Agent		
			81 Name		
			82 Street Address (P O. Box Number is Not Acceptable)		
			83		
			84 City <b>FL</b> 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					
1. TITLE <input type="checkbox"/> DELETE			11. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME <b>PCEO</b>			12. NAME		
STREET ADDRESS <b>WOOLEY, JOHN C</b>			13. STREET ADDRESS		
CITY-ST-ZIP <b>203 COLORADO STREET</b>			14. CITY-ST-ZIP		
CITY-ST-ZIP <b>AUSTIN TX 78701</b>			21. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
2. TITLE <input type="checkbox"/> DELETE			22. NAME		
NAME <b>VP</b>			23. STREET ADDRESS		
STREET ADDRESS <b>WOOLEY, JEFFREY J</b>			24. CITY-ST-ZIP		
CITY-ST-ZIP <b>203 COLORADO STREET</b>			31. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP <b>AUSTIN TX 78701</b>			32. NAME <b>Arnold, Kelly A.</b> (correction)		
3. TITLE <input type="checkbox"/> DELETE			33. STREET ADDRESS		
NAME <b>VP</b>			34. CITY-ST-ZIP		
STREET ADDRESS <b>KELLY, ARNOLD A-</b>			41. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP <b>203 COLORADO STREET</b>			42. NAME		
CITY-ST-ZIP <b>AUSTIN TX 78701</b>			43. STREET ADDRESS		
4. TITLE <input type="checkbox"/> DELETE			44. CITY-ST-ZIP		
NAME			51. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS			52. NAME		
CITY-ST-ZIP			53. STREET ADDRESS		
5. TITLE <input type="checkbox"/> DELETE			54. CITY-ST-ZIP		
NAME			61. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS			62. NAME		
CITY-ST-ZIP			63. STREET ADDRESS		
6. TITLE <input type="checkbox"/> DELETE			64. CITY-ST-ZIP		
NAME					
STREET ADDRESS					
CITY-ST-ZIP					



DO NOT WRITE IN THIS SPACE

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

Jeffrey J. Wooley, Sr. VP

01/06/99

(512)236-3600

Date

Daytime Phone #

CR2E034 (11/98)