

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # J46387 (3)**  
1. Corporation Name  
**CHARLIE BROWN'S OF PINELLAS COUNTY, INC.**



Principal Place of Business Mailing Address  
**% RESTAURANT ASSOC.  
120 WEST 45TH ST.  
NEW YORK NY 10036** **% RESTAURANT ASSOC.  
120 WEST 45TH ST.  
NEW YORK NY 10036**

3. Date Incorporated or Qualified **12/10/1986** 3a. Date of Last Report **02/14/1995**

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 25 29 30

4. FEI Number **13-3381354** 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	1 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TAKAMURA, SUTEO</b>	12 NAME	
STREET ADDRESS	<b>120 W. 45TH ST</b>	13 STREET ADDRESS	
CITY-ST-ZIP	<b>NY NY</b>	14 CITY-ST-ZIP	
TITLE	<b>VT</b> <input type="checkbox"/> DELETE	2 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STOCKINGER, RICHARD C.</b>	22 NAME	
STREET ADDRESS	<b>10 OLD CHESTER DRIVE</b>	23 STREET ADDRESS	
CITY-ST-ZIP	<b>PARSIPPANY NJ</b>	24 CITY-ST-ZIP	
TITLE	<b>S</b> <input type="checkbox"/> DELETE	3 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JONES, LAURENCE</b>	32 NAME	
STREET ADDRESS	<b>7 EUCLID PLACE</b>	33 STREET ADDRESS	
CITY-ST-ZIP	<b>MONTCLAIR NJ</b>	34 CITY-ST-ZIP	
TITLE	<b>DP</b> <input type="checkbox"/> DELETE	4 1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VALENTI, FORTUNATO</b>	42 NAME	
STREET ADDRESS	<b>5 NORTH ROAD</b>	43 STREET ADDRESS	<b>135 COVE NECK ROAD</b>
CITY-ST-ZIP	<b>OYSTER BAY COVE NY</b>	44 CITY-ST-ZIP	<b>OYSTER BAY NY 11771</b>
TITLE	<input type="checkbox"/> DELETE	5 1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		52 NAME	<b>HIROSHI TAKEUCHI</b>
STREET ADDRESS		53 STREET ADDRESS	<b>1220 LAS LOMAS AV</b>
CITY-ST-ZIP		54 CITY-ST-ZIP	<b>PACIFIC PALISADES CA 90272</b>
TITLE	<input type="checkbox"/> DELETE	6 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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 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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**RICHARD STOCKINGER 1-25-96 212-789-8100**  
Date Daytime Phone #

CR2E034 (12/95)