

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

CORPORATION  
ANNUAL REPORT  
**1995**



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

**APPROVED  
AND  
FILED**

05 MAY - 1 AM 8:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

**DOCUMENT # J89311 (1)**  
1. Corporation Name  
**SPECIALTY RESTAURANTS FLORIDA, INC.**

Principal Place of Business Mailing Address  
**4155 E LA PALMA AVE.  
SUITE 250  
ANAHEIM CA 92807**      **4155 E LA PALMA AVE.  
SUITE 250  
ANAHEIM CA 92807**

3. Date Incorporated or Qualified **08/26/1987**      3a. Date of Last Report **05/01/1994**

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. FFI Number **94-3094589** 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  
**THE PRENTICE-HALL CORPORATION SYSTEM INC  
1201 HAYES STREET  
STE - 105  
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent  
B1 Name  
B2 Street Address (P.O. Box Number is Not Acceptable)  
B3  
B4 City **FL** B5 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 by printed name of registered agent and the filer's name) (207) Registered Agent signature required when substituted.

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	TALlichET, DAVID C., JR.
STREET ADDRESS	4155 E LA PALMA AVE #250
CITY, ST, ZIP	ANAHEIM CA
TITLE	VD
NAME	TALlichET, CECILIA
STREET ADDRESS	4155 E LA PALMA AVE #250
CITY, ST, ZIP	ANAHEIM CA
TITLE	AS
NAME	MCMahON, JUDITH
STREET ADDRESS	4155 E LA PALMA AVE #250
CITY, ST, ZIP	ANAHEIM CA
TITLE	AT
NAME	ROYSE, BOB D.
STREET ADDRESS	4155 E LA PALMA AVE #250
CITY, ST, ZIP	ANAHEIM CA
TITLE	ST
NAME	TALlichET, CECILIA
STREET ADDRESS	4155 E LA PALMA AVE #250
CITY, ST, ZIP	ANAHEIM CA
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
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 110.07(2)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemented 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 of this report, or on an attachment with an address.

SIGNATURE: *Cecilia Tallichet Cecilia Tallichet* 4-21-95 714 579 3900  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR