

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **K79685**  
1. Corporation Name  
**KARL'S RESTAURANT, INC.**

Principal Place of Business	Mailing Address
4015 S. Dale Mabry Hwy. Tampa, FL 33611	4015 S. Dale Mabry Hwy. Tampa, FL 33611-1409

3. Date Incorporated or Qualified 04/12/89	3a. Date of Last Report 02/16/96
4. FFI Number 59-2960034	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 9270 Bay Plaza Blvd. Suite, Apt. #, etc. 22 Suite 608 A City & State 23 Tampa, Florida Zip 24 33619	26 9270 Bay Plaza Blvd Suite, Apt. #, etc. 27 Suite 608 A City & State 28 Tampa, Florida Zip 29 33619 Country 30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Phillips, George W.  
8001 N. Dale Mabry Hwy.  
Tampa, Florida 33614

81 Name Victor W. Holcomb
82 Street Address (P.O. Box Number is Not Acceptable) 415 South Hyde Park Ave.
83
84 City Tampa
85 Zip Code FL 33606

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 *Victor W. Holcomb* Victor W. Holcomb 09/22/97  
Signature, typed or printed name of registered agent and filer (if applicable) (Typed or printed name of registered agent and filer required when reappointing) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	P
NAME	Steele, June	1.2 NAME	Marshall R. Glass
STREET ADDRESS	201 W. Laurel St., #307	1.3 STREET ADDRESS	9270 Bay Plaza Blvd., Suite 608A
CITY-ST-ZIP	Tampa, Florida	1.4 CITY-ST-ZIP	Tampa, Florida 33619
TITLE	VP	2.1 TITLE	
NAME	Reynolds, Chaiyaporn	2.2 NAME	
STREET ADDRESS	3704 W. Oklahoma Ave.	2.3 STREET ADDRESS	
CITY-ST-ZIP	Tampa, Florida	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	
NAME	Steele, Eugene	3.2 NAME	
STREET ADDRESS	201 W. Laurel St., #307	3.3 STREET ADDRESS	200002307032--7
CITY-ST-ZIP	Tampa, Florida	3.4 CITY-ST-ZIP	-09/29/97--01183--008
TITLE	TS	4.1 TITLE	****550.00 <input type="checkbox"/> ****550.00
NAME	Steele, Eugene	4.2 NAME	
STREET ADDRESS	201 W. Laurel St., #307	4.3 STREET ADDRESS	
CITY-ST-ZIP	Tampa, Florida	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: *Marshall R. Glass* Marshall R. Glass, Pres. 09/22/97 (813)246-5657  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/96)