

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # N94000000567 (7)

1. Corporation Name

HARD ROCK CAFE INTERNATIONAL FOUNDATION, INC.



Principal Place of Business

Mailing Address

5401 KIRKMAN RD  
SUITE 200  
ORLANDO FL 32819

FIVE CONCOURSE PKWY  
STE 2400  
ATLANTA GA 30328  
US

3. Date Incorporated or Qualified

01/27/1994

3a. Date of Last Report

06/07/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

58-2156757

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

City & State

City & State

23

28

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

Zip

Country

Zip

Country

24

25

29

30

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

F&L CORP.  
200 LAURA ST  
JACKSONVILLE FL 32201

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 617.0502 and 617.1508, 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 617.0503, 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 PD ☒ DELETE  
NAME LEVITT, ARTHUR III  
STREET ADDRESS 5 CONCOURSE PKWY STE 2400  
CITY-ST-ZIP ATLANTA GA

1.1 TITLE ~~VACANT~~ PD ☒ Change ☒ Addition  
1.2 NAME James G. Berk  
1.3 STREET ADDRESS 5 Concourse Parkway, Ste 2400  
1.4 CITY-ST-ZIP Atlanta, GA 30030328

TITLE VPTD ☐ DELETE  
NAME COUTO, MICHAEL  
STREET ADDRESS 5 CONCOURSE PKWY STE 2400  
CITY-ST-ZIP ATLANTA GA

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE VASD ☐ DELETE  
NAME BROWN, VALERIE  
STREET ADDRESS 5 CONCOURSE PKWY STE 2400  
CITY-ST-ZIP ATLANTA GA

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE S ☐ DELETE  
NAME PANZIL, JOSEPH R  
STREET ADDRESS 5 CONCOURS PKWY STE 2400  
CITY-ST-ZIP ATLANTA GA

4.1 TITLE 000001746200 ☐ Change ☐ Addition  
4.2 NAME -03/18/96--01022--017  
4.3 STREET ADDRESS \*\*\*61.25  
4.4 CITY-ST-ZIP

TITLE AS ☐ DELETE  
NAME MCNEESE, JACK L  
STREET ADDRESS 5 CONCOURSE PKWY STE 2400  
CITY-ST-ZIP ATLANTA GA

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ~~PD~~ ☐ DELETE  
NAME ~~James G. Berk~~  
STREET ADDRESS ~~5 Concourse Parkway, Ste 2400~~  
CITY-ST-ZIP ~~Atlanta, GA 30030328~~

6.1 TITLE ☐ Change ☒ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Sandra B. Mortham*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/5/96

Date

770 392 6709

Daytime Phone #

CR2E037 (12/95)

3-15-1996