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May 06 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northcutt Secretary of State DIVISION OF CORPORATIONS
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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 30328-6111
US**

3. Date Incorporated or Qualified
01/27/1994

3a. Date of Last Report
03/15/1996

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

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30

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

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BERK, JAMES G	
STREET ADDRESS	5 CONCOURSE PARKWAY STE. 2400	
CITY-ST-ZIP	ATLANTA GA 30328	
TITLE	VPTD	<input type="checkbox"/> DELETE
NAME	COUTY, MICHAEL	
STREET ADDRESS	5 CONCOURSE PKWY STE 2400	
CITY-ST-ZIP	ATLANTA GA	
TITLE	VASD	<input checked="" type="checkbox"/> DELETE
NAME	BROWN, VALERIE	
STREET ADDRESS	5 CONCOURSE PKWY STE 2400	
CITY-ST-ZIP	ATLANTA GA	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	PANZL, JOSEPH R	
STREET ADDRESS	5 CONCOURS PKWY STE 2400	
CITY-ST-ZIP	ATLANTA GA	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	MCNEESE, JACK L	
STREET ADDRESS	5 CONCOURSE PKWY STE 2400	
CITY-ST-ZIP	ATLANTA GA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	LESLIE O. Jones	
1.3 STREET ADDRESS	5 CONCOURSE PKWY, #2400	
1.4 CITY-ST-ZIP	Atlanta, GA 30328	
2.1 TITLE	W	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	GREG LEONARD	
2.3 STREET ADDRESS	5401 KIRKMAN RD, #200	
2.4 CITY-ST-ZIP	Orlando, FL 32819	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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 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. Northcutt Secretary 4/1/97 720 392 6705

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0078419

CR2E037 (9/96)