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1998 MAR -9 PM 1:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morton 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
US**

3. Date Incorporated or Qualified

01/27/1994

4. FEI Number

58-2156757

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 **5401 Kirkman Road**

22 City & State

27 Suite, Apt. #, etc.

28 **Orlando FL**

23 Zip

25 Country

29 Zip

30 Country

24

25

29 **32819**

30 **USA**

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30. ☐ 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

CT Corporation System

82 Street Address (P.O. Box Number is Not Acceptable)

1200 South Pine Island Rd

83

84 City

Plantation

FL

85 Zip Code

33324

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

Mary R. Adams
Signature, typed or printed name of registered agent and title if applicable.

Mary R. Adams, Asst. Secy.
(NOTE: Registered Agent signature required when reinstating)

3-8-98
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE

NAME **BERK, JAMES G**
STREET ADDRESS **5 CONCOURSE PARKWAY STE. 2400**
CITY-ST-ZIP **ATLANTA GA 30328**

TITLE **VPTD** ☒ DELETE

NAME **COUTO, MICHAEL**
STREET ADDRESS **5 CONCOURSE PKWY STE 2400**
CITY-ST-ZIP **ATLANTA GA**

TITLE **S** ☒ DELETE

NAME **JONES, LESLIE O**
STREET ADDRESS **5 CONCOURSE PKWY STE 2400**
CITY-ST-ZIP **ATLANTA GA**

TITLE **D** ☐ DELETE

NAME **LEONARD, GREG**
STREET ADDRESS **5401 KIRKMAN RD., #200**
CITY-ST-ZIP **ORLANDO FL**

TITLE **AS** ☐ DELETE

NAME **MCNEESE, JACK L**
STREET ADDRESS **5 CONCOURSE PKWY STE 2400**
CITY-ST-ZIP **ATLANTA GA**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:

Leslie O. McNeese

2/6/98

270 392 6705

CR2E037 (10/97)