

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

FILED  
May 12 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Morham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P03650** (9)

1. Corporation Name  
**SELECT RESTAURANTS, INC. OF OHIO**



Principal Place of Business <b>30050 CHAGRIN BLVD. PEPPER PIKE OH 44124 S</b>		Mailing Address <b>C/O TAX DEPT. 30050 CHAGRIN BLVD. PEPPER PIKE OH 44124 US</b>	
2. Principal Place of Business <b>21</b>		2a. Mailing Address <b>26</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22 City & State		27 City & State	
23 Zip		28 Zip	
Country		Country	
24		25	
29		30	
9. Name and Address of Current Registered Agent <b>CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324</b>		10. Name and Address of New Registered Agent <b>81 Name</b> <b>82 Street Address (P.O. Box Number is Not Acceptable)</b> <b>83</b> <b>84 City</b> <b>FL</b> <b>85 Zip Code</b>	

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 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	<b>PD</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>QUAGLIATA, JOHN</b>	1.2 NAME	
STREET ADDRESS	<b>55 OVIATT ST.</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>HUDSON OH</b>	1.4 CITY-ST-ZIP	
TITLE	<b>VPT</b>	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LOEB, WILLIAM R</b>	2.2 NAME	
STREET ADDRESS	<b>6011 BRANDYWINE DR.</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PARMA HEIGHTS OH</b>	2.4 CITY-ST-ZIP	
TITLE	<b>S</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JOHNSON, LANCE B</b>	3.2 NAME	
STREET ADDRESS	<b>30789 PROVIDENCE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PEPPER PIKE OH</b>	3.4 CITY-ST-ZIP	
TITLE	<b>V</b>	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MARTINO, ROBERT</b>	4.2 NAME	
STREET ADDRESS	<b>170 VILLAGE CIRCLE</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CHAGRIN FALLS OH</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b>	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MARTINO, ANTHONY</b>	5.2 NAME	
STREET ADDRESS	<b>37067 SHAKER BLVD.</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>HUNTING VALLEY OH</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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:

*Alan Donatelli*

*Alan Donatelli*

*(616) 464-6606*

CR2E034 (10/97)