

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 24 PM 12:42

DOCUMENT # P03743 (2)

1. Corporation Name

PONLUPA RESTAURANT FINANCING, INC.

Principal Place of Business

P O BOX 224018
TAX DEPARTMENT
DALLAS TX 75222-4018
US

Mailing Address

P O BOX 224018
TAX DEPARTMENT
DALLAS TX 75222-4018
US

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

25

Suite, Apt. #, etc.

26

City & State

27

Zip

Country

28

Zip

Country

29

Zip

Country

30

3. Date Incorporated or Qualified

10/18/1984

3a. Date of Last Report

04/29/1994

4. FEI Number

31-1111691

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$6.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

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

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
110 NORTH MAGNOLIA STREET
TALLAHASSEE FL 32301

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 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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

SD
MCCARTHY, JAMES W.
12404 PARK CENTRAL DRIVE
DALLAS TX

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

PC
KAUFMAN, MICHAEL S
TERMINAL DR, POB 578
DAYTON OH

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TD
RIEGER, JAMES J
TERMINAL DR, POB 578
DAYTON OH

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

☐ Change

☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

☐ Change

☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

☒ Change

☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

☐ Change

☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

☐ Change

☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change

☐ Addition

**OFFICER/DIRECTOR
SCHEDULE ATTACHED**

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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Carolyn Carpenter
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CAROLYN CARPENTER
ASSISTANT SECRETARY

1-16-95

214-464-5013

OFFICER AND DIRECTOR LIST:

CORPORATION NAME: PONLUPA RESTAURANT FINANCING, INC.

FEI NUMBER: 31-1111691

PRESIDENT: MICHAEL S. KAUFMAN **TERM EXPIRES:** PERPETUAL
SSN: 161-44-6445
HOME ADDRESS: 292 DOUGLAS ROAD
CHAPPAQUA, NY 10514

VICE PRESIDENT: GERARD S. BENEDETTO **TERM EXPIRES:** PERPETUAL
SSN: 150-56-9198
HOME ADDRESS: 5917 ROYAL PALM
PLANO, TX 75093

SECRETARY: JAMES W. MCCARTHY **TERM EXPIRES:** PERPETUAL
SSN: 287-42-2161
HOME ADDRESS: 2613 MILLINGTON
PLANO, TX 75093

TREASURER: J. DUNCAN MCCOLLUM **TERM EXPIRES:** PERPETUAL
SSN: 316-70-7829
HOME ADDRESS: 2425 BEAVER BEND DRIVE
PLANO, TX 75023

ASST. SECRETARY: CAROLYN CARPENTER **TERM EXPIRES:** PERPETUAL
SSN: 439-44-2909
HOME ADDRESS: 2009 WHIPPOORWILL
CARROLLTON, TX 75006

DIRECTORS: MICHAEL S. KAUFMAN **TERM EXPIRES:** PERPETUAL
JAMES W. MCCARTHY **TERM EXPIRES:** PERPETUAL

OFFICE ADDRESS FOR ALL OFFICERS IS: 12404 PARK CENTRAL DRIVE
DALLAS, TEXAS 75251

TAX DEPARTMENT MAILING ADDRESS IS: P.O. BOX 224018
DALLAS, TX 75222-4018