

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P08227 (1)  
1. Corporation Name  
SIZZLER RESTAURANTS INTERNATIONAL, INC.



Principal Place of Business Mailing Address  
12655 W JEFFERSON BLVD.  
LOS ANGELES CA 90066 12655 W JEFFERSON BLVD.  
LOS ANGELES CA 90066

3. Date Incorporated or Qualified 11/27/1985	3a. Date of Last Report 04/18/1995
4. FEI Number 95-2548114	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYES ST.  
STE. #105  
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PCD	<input type="checkbox"/> DELETE
NAME	THOMAS, CHRISTOPHER R	
STREET ADDRESS	12655 W. JEFFERSON BLVD	
CITY - ST - ZIP	LOS ANGELES CA	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	SCARPINO, WILLIAM J.	
STREET ADDRESS	12655 W JEFFERSON BLVD.	
CITY - ST - ZIP	LOS ANGELES CA	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	BARTON, DAVID J	
STREET ADDRESS	12655 W JEFFERSON BLVD.	
CITY - ST - ZIP	LOS ANGELES CA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RAEDEKE, MICHAEL J	
STREET ADDRESS	12655 W JEFFERSON BLVD	
CITY - ST - ZIP	LOS ANGELES CA	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	BAYLEY, JOHN B	
STREET ADDRESS	12655 W JEFFERSON BLVD	
CITY - ST - ZIP	LOS ANGELES CA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	V
2.3 STREET ADDRESS	GARNER, DOUGLAS
2.4 CITY - ST - ZIP	12655 W JEFFERSON BLVD LOS ANGELES, CA 90066
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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Douglas Garner

4-18-96

(310) 827-2300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)