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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P09524

RESTAURANTS INC.

Principal Place of Business Mailing Address					i iffitient tit neste telet atrie trats eins andst draft fran	#1011 #1211 a.d.i. 1021	
2777 ALLEN PARKWAY 2777 ALLEN PARK		2777 ALLEN PARKWAY					
16TH FLOOR 16TH FLOOR					DO NOT WRITE IN THIS SPAC	DO NOT WRITE IN THIS SPACE	
HOUSTON TX 77019 HOUSTON TX 77019		-			DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed 03/25/1986		
2. Principal P	tace of Business	2a. Mailing Address			4. FEI Number	Applied For	
21		26			76-0177578	Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				.75 Additional	
22		27			5. Certificate of Status Desired F	ee Required	
City & Stat	e	City & State			6. Election Campaign Financing	5.00 May Be	
23		28			Trust Fund Contribution A	dded to Fees	
Zip	Country	Zip	Country		8. This corporation owes the current year Intangible		
24	25		0		Personal Property Tax.		
	9. Name and Address of Curre	nt Registered Agent	81	N	10. Name and Address of New Registered Agent		
CT (CODDODATION SYSTEM		01	Name	•		
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD			82	Street	t Address (P.O. Box Number is Not Acceptable)		
PLANTATION FL 33324			83				
FLA	TIATION FE 33324		63				
			84	City	85	Zip Code	
44 -		00 1007 1500 51 11 01 11			FL	ng its societared	
office or r	enistered agent, or both, in the State	of Florida. Such change was aut	horized by	the corp	d corporation submits this statement for the purpose of chang poration's board of directors. I hereby accept the appointment	as registered	
agent. I a	m familiar with, and accept the oblig	ations of, Section 607.0505, Florid	la Statutes	•			
SIGNATURE					e required when reinstation) DATE		
12.	Signature, typed or printed name of registered ag	ent and title if applicable. (NOTE: NOTE:	13.	it signature i	e required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIR	ECTORS IN 12	
TITLE	PD	DELETE	1.1 TITLE			nange Addition	
NAME	RAY, E. WAYNE	_	1.2 NAME				
	ATT ALLEN BUGAR		1.3 STREET	CADARESS	s		
STREET ADDRESS	HOUSTON TX		1.4 CITY-S				
CITY-ST-ZIP TITLE	VD	☐ DELETE	2.1 TITLE	,- <u>zır</u>		nange	
NAME	KNUTSON, WILBUR L	_	2.2 NAME				
STREET ADDRESS	411 B141484		2.3 STREET	ADDRESS	s		
	HOUSTON TX		2. 4 CITY-S				
CITY-ST-ZIP TITLE	V	☐ DELETE	3.1 TITLE			nange	
NAME	CROCKER, ED S		3.2 NAME				
STREET ADDRESS	2777 ALLEN PKWY.		3.3 STREET	TADDRESS	s		
CITY-ST-ZIP	HOUSTON TX		3.4. CITY- S	ST- ZIP			
TITLE	VSD	☐ DELETE	4.1 TITLE		C	hange Addition	
NAME.	WOODARD, ELIZABETH B.		4. 2 NAME			,	
STREET ADDRESS			4.3 STREET	FADDRESS	s		
CITY-\$T-ZIP	HOUSTON TX		4.4 CITY-S	T-ZIP			
TITLE	AS	X DELETE	5.1 TITLE		AS	nange X Addition	
NAME	LEBLANC, JEANNETTE		5.2 NAME		GULLETT, MARY LOU		
STREET ADDRESS	ACCC 111 T11 C171D1	•	5.3 STREET	TADDRESS	2777 ALLEN PKWY		
CITY-ST-ZIP	HOUSTON TX		5.4 CITY-S	T- ZIP	HOUSTON TX		
TITLE		☐ DELETE	6.1 TITLE		AS	nange X Addition	
NAME			6.2 NAME		MARTIN, AMY J.		
STREET ADDRESS			6.3 STREET	ADDRESS	2777 ALLEN PKWY		
CITY OT 7ID	1		6.4 CITY-S	T-ZIP	HOUSTON TY		

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 trusted 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 of of any attachment with an addresse, with all other like empowered.

SIGNATURE:

REQUIREDE Wayne Ray,Jr