

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 # **P15490** (6)

1. Corporation Name

CHART HOUSE, INC.



Principal Place of Business

Mailing Address

115 S. ACACIA AVENUE, ATT: LEGAL DEPT.
SOLANA BEACH CA 92075

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SOLANA BEACH CA 92075

3. Date Incorporated or Qualified

08/06/1987

3a. Date of Last Report

01/30/1995

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

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 line if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	VSD	<input type="checkbox"/> DELETE
NAME	KUNTZ, WILLIAM R JR.	
STREET ADDRESS	115 S. ACACIA AVENUE	
CITY-ST-ZIP	SOLANA BEACH CA	
TITLE	CPD	<input type="checkbox"/> DELETE
NAME	CREED, JOHN M.	
STREET ADDRESS	115 S. ACACIA AVENUE	
CITY-ST-ZIP	SOLANA BEACH CA	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	MCCOART, DAVID S	
STREET ADDRESS	115 S ACACIA AVENUE	
CITY-ST-ZIP	SOLANA BEACH CA	
TITLE	AS	<input checked="" type="checkbox"/> DELETE
NAME	HART, DEBRA K	
STREET ADDRESS	115 S. ACACIA AVENUE	
CITY-ST-ZIP	SOLANA BEACH CA	
TITLE	VTD	<input type="checkbox"/> DELETE
NAME	GAUBERT, HAROLD E JR	
STREET ADDRESS	115 S ACACIA AVE	
CITY-ST-ZIP	SOLANA BCH CA	
TITLE	V	<input type="checkbox"/> DELETE
NAME	MCMAMARA, RANDALL P	
STREET ADDRESS	115 S ACACIA AVENUE	
CITY-ST-ZIP	SOLANA BEACH CA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
2 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
3 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
4 1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	AS
43 STREET ADDRESS	Gilchrist, Kathryn A.
44 CITY-ST-ZIP	115 South Acacia Avenue Solana Beach, CA 92075
5 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
6 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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:

Kathryn A. Gilchrist

Kathryn A. Gilchrist

(619) 755-8281

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)