

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

FILED

Jan 24 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P15490** (6)1. Corporation Name
CHART HOUSE, INC.Principal Place of Business
**115 S. ACACIA AVENUE, ATT: LEGAL DEPT.
SOLANA BEACH CA 92075**Mailing Address
**115 S. ACACIA AVENUE, ATT: LEGAL DEPT.
SOLANA BEACH CA 92075-1803**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/06/1987	3a. Date of Last Report 02/12/1996
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 41-1526813	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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	
		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		(NOTE: Registered Agent signature required when reinstating)		DATE	
12. OFFICERS AND DIRECTORS					
TITLE	VSD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KUNTZ, WILLIAM R JR.		1.2 NAME		
STREET ADDRESS	115 S. ACACIA AVENUE		1.3 STREET ADDRESS		
CITY-ST-ZIP	SOLANA BEACH CA		1.4 CITY-ST-ZIP		
TITLE	CPD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	CREED, JOHN M.		2.2 NAME		
STREET ADDRESS	115 S. ACACIA AVENUE		2.3 STREET ADDRESS		
CITY-ST-ZIP	SOLANA BEACH CA		2.4 CITY-ST-ZIP		
TITLE	AS	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	GILCHRIST, KATHRYN A		3.2 NAME		
STREET ADDRESS	115 SOUTH ACACIA AVENUE		3.3 STREET ADDRESS		
CITY-ST-ZIP	SOLANA BEACH FL		3.4 CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	GAUBERT, HAROLD E JR		4.2 NAME		
STREET ADDRESS	115 S ACACIA AVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	SOLANA BCH CA		4.4 CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MCMAMARA, RANDALL P		5.2 NAME		
STREET ADDRESS	115 S ACACIA AVENUE		5.3 STREET ADDRESS		
CITY-ST-ZIP	SOLANA BEACH CA		5.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
			VD McGilllin, Stephen J. 115 South Acacia Avenue Solana Beach, CA 92075		
			AS Hart, Debra K. 115 South Acacia Avenue Solana Beach, CA 92075		
			AS Halverson, Timothy A. 115 South Acacia Avenue Solana Beach, CA 92075		
			AS Wendler, Jim C. 115 South Acacia Avenue Solana Beach, CA 92075		

14. I do 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: **Debra K. Hart** 1/16/97 (619) 755-8281

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0603108

CR2E034 (9/96)