

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

FILED
Jan 26 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country		3. Date Incorporated or Qualified 08/06/1987	
				4. FEI Number 41-1526813	
				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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

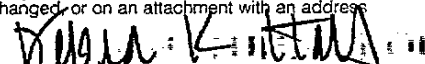
9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City FL 85 Zip Code	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	VSD	<input checked="" 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	VD	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MCGILLIN, STEPHEN J			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 type="checkbox"/> DELETE		3.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HART, DEBRA K			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	AS	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HALVERSON, TIMOTHY A			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	VD	<input checked="" 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	AS	<input type="checkbox"/> DELETE		6.1 TITLE	VDTAS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WENDLER, JIM C			6.2 NAME			
STREET ADDRESS	115 SOUTH ACACIA AVE			6.3 STREET ADDRESS			
CITY-ST-ZIP	SOLANA BCH CA			6.4 CITY-ST-ZIP			

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 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, Secretary January 5, 1998 619-755-8281

CR2E034 (10/97)