


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

FILED
Apr 17 1998 8:00am
Secretary of State

| | | |
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| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # P33320 (3)
 1. Corporation Name
FAZOLI'S SYSTEMS, INC.

| | |
|---|---|
| Principal Place of Business 2470 PALUMBO DR. LEXINGTON KY 40509 | Mailing Address P.O. BOX 321 LEXINGTON KY 40584 |
|---|---|



DO NOT WRITE IN THIS SPACE

| | | | | | |
|--------------------------------|---------------------|---------------------|---------------------|--|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 03/26/1991 | |
| 21 | Suite, Apt. #, etc. | 26 | Suite, Apt. #, etc. | 4. FEI Number 61-1202178 | |
| 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 | | 7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input 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 |
| 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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

| | | |
|----------------|------------------------------------|--|
| TITLE | PD | <input type="checkbox"/> DELETE |
| NAME | TOYODA, KUNIHIDE | |
| STREET ADDRESS | 2470 PALUMBO DR. | |
| CITY-ST-ZIP | LEXINGTON KY | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | KOMAI, TERUO | |
| STREET ADDRESS | 1-33 TOYOTSU-CHO, SUITA-SHI | |
| CITY-ST-ZIP | OSAKA 564 JA | |
| TITLE | S | <input checked="" type="checkbox"/> DELETE |
| NAME | MULLINAX, RACHAEL D | |
| STREET ADDRESS | 2470 PALUMBO DR | |
| CITY-ST-ZIP | LEXINGTON KY 40509 | |
| TITLE | T | <input checked="" type="checkbox"/> DELETE |
| NAME | GAINES, LISA B | |
| STREET ADDRESS | 2470 PALUMBO DR | |
| CITY-ST-ZIP | LEXINGTON KY | |
| TITLE | VPF | <input type="checkbox"/> DELETE |
| NAME | SMITH, DAVID | |
| STREET ADDRESS | 2470 PALUMBO DR. | |
| CITY-ST-ZIP | LEXINGTON KY | |
| TITLE | V | <input type="checkbox"/> DELETE |
| NAME | DOYLE, GORDON R | |
| STREET ADDRESS | 2470 PALUMBO DR | |
| CITY-ST-ZIP | LEXINGTON KY | |

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 type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME | MOSSER, LORI |
| 3.3 STREET ADDRESS | 2470 Palumbo Drive |
| 3.4 CITY-ST-ZIP | Lexington, KY 40509 |
| 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 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 in an attachment with an address.

SIGNATURE: *David Smith* **David Smith, Vice-President -Finance 4/6/98 606-268-1668**

CR2E034 (10/97)