

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

FILED  
Jun 06 1997 8:00am  
Secretary of State

|  |   |  |
|--|---|--|
| PROFIT<br>CORPORATION<br>ANNUAL REPORT<br>1997 |  | FLORIDA DEPARTMENT OF STATE<br>Sandra B. Northam<br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|--|

DOCUMENT # P37634 (3)  
1. Corporation Name  
COOKER RESTAURANT CORPORATION

|  |  |
|--|--|
| Principal Place of Business<br>5500 VILLAGE BLVD<br>WEST PALM BEACH FL 33407<br>US | Mailing Address<br>PO BOX 11448<br>WEST PALM BEACH FL 33419-1448<br>US |
|--|--|



|   |            |                        |            |   |                                       |
|---|------------|------------------------|------------|---|---------------------------------------|
| 2. Principal Place of Business                  |            | 2a. Mailing Address    |            | 3. Date Incorporated or Qualified<br>02/25/1992   | 3a. Date of Last Report<br>06/25/1996 |
| 21 Suite, Apt. #, etc.                          | 26         | 27 Suite, Apt. #, etc. | 30         | 4. FEI Number<br>62-1292102   | Applied For<br>Not Applicable         |
| 22 City & State                                 | 27         | 28 City & State        | 30         | 5. Certificate of Status Desired <input type="checkbox"/>   | \$8.75 Additional<br>Fee Required     |
| 23 Zip  | 25 Country | 29 Zip                 | 30 Country | 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/>  | \$5.00 May Be<br>Added to Fees        |
| 9. Name and Address of Current Registered Agent |            |                        |            | 8. This corporation has liability for intangible tax under s. 199.032,<br>Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No |                                       |

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

|   |             |
|---|-------------|
| 81 Name   | 85 Zip Code |
| 82 Street Address (P.O. Box Number is Not Acceptable) |             |
| 83  |             |
| 84 City   | FL          |

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS |                         | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|-------------------------|---|---|
| TITLE                      | CD                      | 1.1 TITLE   | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       | SEELBINDER, G. ARTHUR   | 1.2 NAME  |   |
| STREET ADDRESS             | 1530 BETHEL ROAD        | 1.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | COLUMBUS OH             | 1.4 CITY-ST-ZIP                                       |   |
| TITLE                      | VD                      | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |
| NAME                       | COCKBURN, GLENN W.      | 2.2 NAME  |   |
| STREET ADDRESS             | 1530 BETHEL ROAD        | 2.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | COLUMBUS OH             | 2.4 CITY-ST-ZIP                                       |   |
| TITLE                      | PD                      | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |
| NAME                       | PRITCHARD, PHILLIP L.   | 3.2 NAME  |   |
| STREET ADDRESS             | 1530 BETHEL ROAD        | 3.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | COLUMBUS OH             | 3.4 CITY-ST-ZIP                                       |   |
| TITLE                      | ST                      | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |
| NAME                       | EPPERSON, MARGARET A.   | 4.2 NAME  |   |
| STREET ADDRESS             | 1530 BETHEL ROAD        | 4.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | COLUMBUS OH             | 4.4 CITY-ST-ZIP                                       |   |
| TITLE                      | D                       | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |
| NAME                       | KOLLAT, DAVID T.        | 5.2 NAME  |   |
| STREET ADDRESS             | 8000 RIVERSIDE DR.      | 5.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | DUBLIN OH               | 5.4 CITY-ST-ZIP                                       |   |
| TITLE                      | D                       | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |
| NAME                       | HOBSON, DAVID L.        | 6.2 NAME  |   |
| STREET ADDRESS             | 150 N LIMESTONE ST, 220 | 6.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | SPRINGFIELD OH          | 6.4 CITY-ST-ZIP                                       |   |

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 registered or trusted agent 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

4-75- 97 5/11/15 100

CR2E034 (9/96)

**Attachment for changes for Directors of the Cooker Restaurant Corporation  
As of June 2, 1997**

| <u>Name and Title</u>                           | <u>Mailing address</u>                          |
|---|---|
| Chairman - Director<br>Seelbinder, G. Arthur    | 5500 Village Blvd.<br>West Palm Bch., FL. 33407 |
| Vice-President - Director<br>Cockburn, Glenn W. | 5500 Village Blvd.<br>West Palm Bch., FL. 33407 |
| President - Director<br>Pritchard, Phillip L.   | 5500 Village Blvd.<br>West Palm Bch., FL. 33407 |
| Secretary - Treasurer<br>Epperson, Margaret A.  | 5500 Village Blvd.<br>West Palm Bch., FL. 33407 |
| Director<br>Kollat, David L.                    | 5500 Village Blvd.<br>West Palm Bch., FL. 33407 |
| Director<br>Hobson, David L.                    | 5500 Village Blvd.<br>West Palm Bch., FL. 33407 |
| Director<br>Hillenmeyer, Henery R.              | 5500 Village Blvd.<br>West Palm Bch., FL. 33407 |
| Director<br>Holderman, Robin V.                 | 5500 Village Blvd.<br>West Palm Bch., FL. 33407 |
| Director<br>Monaco, Margaret T.                 | 5500 Village Blvd.<br>West Palm Bch., FL. 33407 |
| Director<br>Palash, Harvey M.                   | 5500 Village Blvd.<br>West Palm Bch., FL. 33407 |

laf

6/2/97