

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

85 MAY -1 AM 3:08

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # P39240 (7)
1. Corporation Name
RESTAURANT SERVICES, INC.

Principal Place of Business Mailing Address
**ONE ALHAMBRA PLAZA
1200
CORAL GABLES FL 33134
US** **ONE ALHAMBRA PLAZA
1200
CORAL GABLES FL 33134
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 3a. Date of Last Report
08/15/1992 **02/14/1994**

4. FBI Number Applied For
65-0308534 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution **\$5.00 May Be
Added to Fees**

6. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address

21 26

Suite, Apt. #, etc. Suite, Apt. #, etc.

22 27

City & State City & State

23 28

Zip Country Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYES STREET
SUITE 105
TALLAHASSEE FL 32301**

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City B5 Zip Code

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 (NOTE: Registered Agent signature required when resigning) DATE

12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CEGNAR, RONALD W.	1.2 NAME	
STREET ADDRESS	ONE ALHAMBRA PLAZA 1200	1.3 STREET ADDRESS	
CITY - ST - ZIP	CORAL GABLES FL	1.4 CITY - ST - ZIP	
TITLE	S	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAROUSATOS, ANNE	2.2 NAME	
STREET ADDRESS	ONE ALHAMBRA PLAZA 1200	2.3 STREET ADDRESS	
CITY - ST - ZIP	CORAL GABLES FL	2.4 CITY - ST - ZIP	
TITLE	CD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPENCE, WILLIAM R., JR.	3.2 NAME	
STREET ADDRESS	803 N. FRONT ST.	3.3 STREET ADDRESS	
CITY - ST - ZIP	MCHENRY IL	3.4 CITY - ST - ZIP	
TITLE	T	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AMBLER, SCOTT	4.2 NAME	
STREET ADDRESS	ONE ALHAMBRA PLAZA 1200	4.3 STREET ADDRESS	
CITY - ST - ZIP	CORAL GABLES FL	4.4 CITY - ST - ZIP	
TITLE	V	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOULLET, BARRY	5.2 NAME	
STREET ADDRESS	ONE ALHAMBRA PLAZA 1200	5.3 STREET ADDRESS	
CITY - ST - ZIP	CORAL GABLES FL	5.4 CITY - ST - ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANGHELONE, JOSEPH	6.2 NAME	
STREET ADDRESS	303 W. MAIN STREET	6.3 STREET ADDRESS	
CITY - ST - ZIP	FREEHOLD NJ	6.4 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 110.07(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: *Scott K. Ambler* **SCOTT K. AMBLER** 4/29/95 305-529-2107

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE TELEPHONE NUMBER