

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

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



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

3. Date Incorporated or Qualified: **06/15/1992** 3a. Date of Last Report: **05/01/1995**
4. FEI Number: **65-0308534** Applied For: 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**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30
21 Suite, Apt. #, etc.
22 City & State
23 Zip Country
24 Zip Country

9. Name and Address of Current Registered Agent

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

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: _____ DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	CEGNAR, RONALD W.	
STREET ADDRESS	ONE ALHAMBRA PLAZA 1200	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	KAROUSATOS, ANNE	
STREET ADDRESS	ONE ALHAMBRA PLAZA 1200	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	CD	<input checked="" type="checkbox"/> DELETE
NAME	SPENCE, WILLIAM R., JR.	
STREET ADDRESS	803 N. FRONT ST.	
CITY-ST-ZIP	MCHENRY IL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	AMBLER, SCOTT	
STREET ADDRESS	ONE ALHAMBRA PLAZA 1200	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	MOULLET, BARRY	
STREET ADDRESS	ONE ALHAMBRA PLAZA 1200	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ANGHELONE, JOSEPH	
STREET ADDRESS	303 W. MAIN STREET	
CITY-ST-ZIP	FREEHOLD NJ	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	BARRY BARNETT	
13 STREET ADDRESS	ONE ALHAMBRA PLAZA 1200	
14 CITY-ST-ZIP	CORAL GABLES, FL 33134	
21 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	GEORGE SOUZA	
23 STREET ADDRESS	ONE ALHAMBRA PLAZA 1200	
24 CITY-ST-ZIP	CORAL GABLES FL 33134	
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 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 119.07(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* Chief Financial Officer 4/29/96 305-529-2107
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
SCOTT K AMBLER

CR2E034 (12/95)