

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

FILED
Jan 23 1997 8:00am
Secretary of State

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| PROFIT CORPORATION ANNUAL REPORT 1997 |  | 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 33134-5217 US |
|---|--|

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|--|--|
| 3. Date Incorporated or Qualified 06/15/1992 | 3a. Date of Last Report 05/01/1996 |
| 4. FEI Number 65-0308534 | Applied For Not Applicable |
| 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 has liability for intangible tax under s 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

| | |
|--------------------------------|-------------------------|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21. Suite, Apt. #, etc. | 26. Suite, Apt. #, etc. |
| 22. City & State | 27. City & State |
| 23. Zip | 28. Zip |
| 25. Country | 30. 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 | 85. Zip Code |
| 82. Street Address (P.O. Box Number is Not Acceptable) | FL |
| 83. | |
| 84. City | |

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's signature required when re-registering.)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |
|----------------------------|---|---|
| TITLE | P <input checked="" type="checkbox"/> DELETE | 1.1 TITLE P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CEGNAR, RONALD W. | 1.2 NAME GEORGE HOFFMAN |
| STREET ADDRESS | ONE ALHAMBRA PLAZA 1200 | 1.3 STREET ADDRESS ONE ALHAMBRA PLAZA STE 1200 |
| CITY-ST-ZIP | CORAL GABLES FL | 1.4 CITY-ST-ZIP CORAL GABLES FL 33134 |
| TITLE | S <input type="checkbox"/> DELETE | 2.1 TITLE V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | KAROUSATOS, ANNE | 2.2 NAME ED GREENE |
| STREET ADDRESS | ONE ALHAMBRA PLAZA 1200 | 2.3 STREET ADDRESS ONE ALHAMBRA PLAZA STE 1200 |
| CITY-ST-ZIP | CORAL GABLES FL 33134 | 2.4 CITY-ST-ZIP CORAL GABLES FL 33134 |
| TITLE | V <input type="checkbox"/> DELETE | 3.1 TITLE V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | BARRY BARNETT | 3.2 NAME LARRY ROOS |
| STREET ADDRESS | ONE ALHAMBRA PLAZA 1200 | 3.3 STREET ADDRESS ONE ALHAMBRA PLAZA STE 1200 |
| CITY-ST-ZIP | CORAL GABLES FL 33134 | 3.4 CITY-ST-ZIP CORAL GABLES, FL 33134 |
| TITLE | T <input type="checkbox"/> DELETE | 4.1 TITLE |
| NAME | AMBLER, SCOTT | 4.2 NAME |
| STREET ADDRESS | ONE ALHAMBRA PLAZA 1200 | 4.3 STREET ADDRESS |
| CITY-ST-ZIP | CORAL GABLES FL 33134 | 4.4 CITY-ST-ZIP |
| TITLE | V <input checked="" type="checkbox"/> DELETE | 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GEORGE SOUZA | 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 | C <input type="checkbox"/> DELETE | 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 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: *Scott V. Ambler* **SCOTT V. AMBLER** 1/13/97 305-529-2107
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)