

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

FILED
Jan 26 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P39240 (7)

1. Corporation Name
RESTAURANT SERVICES, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business ONE ALHAMBRA PLAZA 1200 CORAL GABLES FL 33134 US	Mailing Address ONE ALHAMBRA PLAZA 1200 CORAL GABLES FL 33134 US
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3. Date Incorporated or Qualified 06/15/1992	4. FEI Number 65-0308534	Applied For <input type="checkbox"/> 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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

2. Principal Place of Business 21 TWO ALHAMBRA PLAZA	2a. Mailing Address 26 TWO ALHAMBRA PLAZA
Suite, Apt. #, etc. 22 SUITE 500	Suite, Apt. #, etc. 27 SUITE 500
City & State 23 CORAL GABLES, FL	City & State 28 CORAL GABLES, FL
Zip 24 33134	Country 25 U.S.
Zip 29 33134	Country 30 U.S.

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 <table border="1"> <tr> <td>81 Name</td> <td>85 Zip Code</td> </tr> <tr> <td>82 Street Address (P.O. Box Number is Not Acceptable)</td> <td></td> </tr> <tr> <td>83</td> <td></td> </tr> <tr> <td>84 City</td> <td>FL</td> </tr> </table>	81 Name	85 Zip Code	82 Street Address (P.O. Box Number is Not Acceptable)		83		84 City	FL
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 607.1608, 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <input type="checkbox"/> DELETE	P HOFFMAN, GEORGE STREET ADDRESS TWO ONE ALHAMBRA PLAZA STE 500 CITY-ST-ZIP CORAL GABLES FL 33134	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> DELETE	S KAROUSATOS, ANNE STREET ADDRESS TWO ONE ALHAMBRA PLAZA 1200 STE 500 CITY-ST-ZIP CORAL GABLES FL	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> DELETE	V BARRY BARNETT STREET ADDRESS TWO ONE ALHAMBRA PLAZA 1200 STE 500 CITY-ST-ZIP CORAL GABLES FL	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input checked="" type="checkbox"/> DELETE	T AMBLER, SCOTT STREET ADDRESS TWO ONE ALHAMBRA PLAZA 1200 CITY-ST-ZIP CORAL GABLES FL	4.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	T DEBRA REECE TWO ALHAMBRA PLAZA, STE 500 CORAL GABLES, FL 33134
TITLE <input type="checkbox"/> DELETE	V GREENE, ED STREET ADDRESS TWO ONE ALHAMBRA PLAZA STE 500 CITY-ST-ZIP CORAL GABLES FL	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> DELETE	C ANGHELONE, JOSEPH STREET ADDRESS 303 W. MAIN STREET CITY-ST-ZIP FREEHOLD NJ	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	

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 on an attachment with an address.

SIGNATURE _____

CR2E034 (10/97)