

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P94000031575 (1)**

1. Corporation Name

GOLDEN ARCH OF FLORIDA, INC.



Principal Place of Business

**ONE MCDONALD'S PLAZA
OAKBROOK IL 60521**

Mailing Address

**P.O. BOX 66351
AMF O'HARE AIRPORT
CHICAGO IL 60666**

3. Date Incorporated or Qualified 04/26/1994	3a. Date of Last Report 04/24/1995
4. FEI Number 36-3950560	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
6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" 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

24 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
110 NORTH MAGNOLIA STREET
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 607.1506, 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 of Registered Agent (Type or Print Name)

Signature of Agent (Type or Print Name)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	RENSI, EDWARD H.	
STREET ADDRESS	ONE MCDONALD'S PLAZA	
CITY-ST-ZIP	OAK BROOK IL 60521	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	PEARL, CARLETON D.	
STREET ADDRESS	ONE MCDONALD'S PLAZA	
CITY-ST-ZIP	OAK BROOK IL 60521	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	YASTROW, SHELBY	
STREET ADDRESS	ONE MCDONALD'S PLAZA	
CITY-ST-ZIP	OAK BROOK IL 60521	
TITLE	VASD	<input type="checkbox"/> DELETE
NAME	SANTONA, GLORIA M.	
STREET ADDRESS	ONE MCDONALD'S PLAZA	
CITY-ST-ZIP	OAK BROOK IL 60521	
TITLE	V	<input type="checkbox"/> DELETE
NAME	PAULL, MATTHEW H.	
STREET ADDRESS	ONE MCDONALD'S PLAZA	
CITY-ST-ZIP	OAK BROOK IL 60521	
TITLE	V	<input type="checkbox"/> DELETE
NAME	GREENBERG, JACK M.	
STREET ADDRESS	ONE MCDONALD'S PLAZA	
CITY-ST-ZIP	OAK BROOK IL 60521	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
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 of this statement, or on an attachment with an address.

SIGNATURE: *[Signature]* **J. Schaffhausen**
ASSISTANT VICE PRESIDENT

4/11/96 708 575-3295

CR2E034 (12/95)