


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

FILED
May 15 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 # P95000054525 (7)
 1. Corporation Name
PLANET HOLLYWOOD (CHEFS), INC.



Principal Place of Business 7380 SAND LAKE RD SUITE 600 ORLANDO FL 32819 US	Mailing Address 7380 SAND LAKE RD SUITE 600 ORLANDO FL 32819 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
07/14/1995

21. Principal Place of Business 8669 Commodity Circle Suite, Apt. #, etc. 22. City & State Orlando, Florida 23. Zip 32819	24. Country USA	25. Mailing Address 8669 Commodity Circle Suite, Apt. #, etc. 26. City & State Orlando, Florida 27. Zip 32819	28. Country USA
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4. FEI Number
59-3335369

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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
**MARSHALL, BYRD F JR.
 201 E. PINE STREET
 SUITE 1200
 ORLANDO FL 32801**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
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 _____
Signature, typed or printed name of registered agent as of title, if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	EARL, ROBERT I	
STREET ADDRESS	7380 SAND LAKE RD STE 650	
CITY-ST-ZIP	ORLANDO FL	
TITLE	VTD	<input type="checkbox"/> DELETE
NAME	AVALLONE, THOMAS	
STREET ADDRESS	7380 SAND LAKE ROAD, #650	
CITY-ST-ZIP	ORLANDO FL	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	JOHNSON, SCOTT E	
STREET ADDRESS	7380 SAND LAKE ROAD, #650	
CITY-ST-ZIP	ORLANDO FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE	D/P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	EARL, ROBERT I.	
13. STREET ADDRESS	8669 COMMODITY CIRCLE	
14. CITY-ST-ZIP	ORLANDO, FLORIDA 32819	
21. TITLE	D/V/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	AVALLONE, THOMAS	
23. STREET ADDRESS	8669 COMMODITY CIRCLE	
24. CITY-ST-ZIP	ORLANDO, FLORIDA 32819	
31. TITLE	D/SrV/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME	JOHNSON, SCOTT E.	
33. STREET ADDRESS	8669 COMMODITY CIRCLE	
34. CITY-ST-ZIP	ORLANDO, FLORIDA 32819	
4.1. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2. NAME		
4.3. STREET ADDRESS		
4.4. CITY-ST-ZIP		
5.1. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2. NAME		
5.3. STREET ADDRESS		
5.4. CITY-ST-ZIP		
6.1. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2. NAME		
6.3. STREET ADDRESS		
6.4. CITY-ST-ZIP		

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 agreement with an address.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent as of title, if applicable (NOTE: Registered Agent signature required when reinstating)

CF2E034 (10/97)