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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000022566 (9)

CNL RESTAURANT SERVICES, INC.

FILED Apr 17 1998 8:00am Secretary of State



 $U/\pi/98$ (407) 422-1574

Principal Plac	ce of Business	Mailing Address				£40 (470) DIIID VI	AT 2111 100 I
		•					
ORLANDO FL	1 St. Suite 500 33901	400 E SOUTH ST. SUITE 5 ORLANDO FL 32801	000				
Character action		CHEMIDO I C USON			DO NOT WRITE IN THIS	S SPACE	
					3. Date Incorporated or Qualified		
					03/13/1996		
2. Principal F	Place of Business	2a. Mailing Address			4. FEI Number	A	oplied For
21		26			59-3392384	N.	ot Applicable
Suite, Apt	#, etc	Suite, Apt. #, etc.			5. Certificate of Status Desired		Additional
22		27			b, Cermicate of Status Desired	Fee R	beniupe
City & Stat	te	City & State			6. Election Campaign Financing	\$5.00 May Be	
23	· · · · · · · · · · · · · · · · · · ·	28			Trust Fund Contribution	Added	to Fees
Zıp	Country	Zip	Country	<i>t</i>	8. This corporation owes or has paid the c		
24	25		30		Personal Property Tax due June 30.		Ø No
	g. Name and Address of Curren	it Hegistered Agent			10. Name and Address of New Registere	l Agent	
	URNE, ROBERT A		81	Name			
	DE SOUTH ST, SUITE 500		82	Street	Address (P.O. Box Number is Not Acceptable)		
OR	LANDO FL 32801						
			83		, , , , , , , , , , , , , , , , , , ,		
			84	City		85 Zip	Code
					F	L	
office or i agent. I a	no the provisions of Sections 607.050 registered agent, or both, in the State am familiar with, and accept the obligations are familiar with, and accept the obligations are familiar with a content of the content of t	2 and 607.1508, Florida Statutes of Florida. Such change was au ations of, Section 607.0505, Flori	s, the above ithorized by ida Statutes	a-named / the corr s.	corporation submits this statement for the purpose poration's board of directors. I hereby accept the appropriate the statement of the purpose poration's board of directors.	of changing it pointment as	s registered registered
SIGNATURE	C						
12.	Signature, typed or printed name of registered age OFFICERS ANI		13.	ant signature	Prequired when reinstating) DATE ADDITIONS/CHANGES TO DEFICE DO AN	ID DIDECTOR	O 151 40
TITLE	DCEO	DELETE	1.1 TITLE		ADDITIONS/CHANGES TO OFFICERS AN	K Change	Addition
NAME	SENEFF, JAMES M JR	D blette	1.2 NAME		D/C	LAST Change	Addition
STREET ADDRESS	400 E SOUTH ST, SUITE 500				SENEFF, JAMES M., JR.		
CITY-ST-ZIP	ORLANDO FL		1.3 STREET		,		
TITLE	PID	DELETE	1.4 CITY-S 2.1 TITLE	E-ZIP		Change	Addition
NAME	BOURNE, ROBERT A	Dittit.			D/T/VC	K1 change	Audicion
	400 E SOUTH ST. SUITE 500		2.2 NAME				
STREET ADDRESS	I TOU COUDIN OI. OUNE DU				BOURNE, ROBERT A		
CITY-S1-ZIP	ODI ANDO EL		2.3 STREET		BOURNE, ROBERT A.		
	ORLANDO FL		2.3 STREET 2. 4 CITY - S		BOURNE, ROBERT A.		
TITLE	S	☐ DELETE	2.3 STREET 2. 4 CITY - 5 3.1 TITLE		BOURNE, ROBERT A.	Change	Addition
TITLE NAME	S ROSE, LYNN E.	DELETE	2.3 STREET 2.4 CITY-5 3.1 TITLE 3.2 NAME	ST-ZIP	BOURNE, ROBERT A.	Change	Addition
TITLE NAME STREET ADDRESS	S ROSE, LYNN E. 400 E. SOUTH ST, SUITE 500	DELETE	2.3 STREET 2. 4 CITY - 5 3.1 TITLE	ST-ZIP	BOURNE, ROBERT A.	Change	☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ROSE, LYNN E. 400 E. SOUTH ST, SUITE 500 ORLANDO FL VP SINGER, HOWARD	DELETE	2.3 STREET 2.4 CITY - S 3.1 TITLE 3.2 NAME 3.3 STREET 3.4. CITY - S	ST-ZIP ADDRESS	BOURNE, ROBERT A.		
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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: