FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

APPROVED AND FILED
95 MAY -1 PM 1:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S06474 (8)

1. Corporation Name
RESTAURANT MANAGEMENT V, INC.

Principal Place of Business
100 WEST LIVINGSTON STREET
ORLANDO FL 32801

Mailing Address
100 WEST LIVINGSTON STREET
ORLANDO FL 32801

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/17/1990
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22)
Suite, Apt. #, etc. (27)
City & State (23)
City & State (28)
Zip (24) County (25) Zip (29) County (30)

4. FEI Number: 59-3037722 — Applied For ☐ Not Applicable ☐
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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
HARMENING, W.A.
100 WEST LIVINGSTON STREET
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 — FL — 85 Zip Code

11. Pursuant to the provisions of Section 607.0505 and 607.1008, 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 I agree to comply with the provisions of Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TYPE	DC
NAME	STINE, ROBERT H.
STREET ADDRESS	100 W LIVINGSTON ST
CITY, ST	ORLANDO FL
TYPE	DP
NAME	HARMENING, W.A.
STREET ADDRESS	100 W. LIVINGSTON ST.
CITY, ST	ORLANDO FL
TYPE	DST
NAME	LOCKE, JOHN
STREET ADDRESS	100 W. LIVINGSTON ST.
CITY, ST	ORLANDO FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS ☐ Change ☐ Addition

14. I hereby certify that the information supplied with this report is complete, accurate and does not qualify for the exemption stated in Section 607.0505, Florida Statutes. I further certify that the information indicated on the annual report or supplemental annual report is true and accurate and that my signature shall constitute my affirmation under the penalties prescribed in Section 817.155, Florida Statutes, that I am aware of the penalties for the preparation or the causing or inducing another person to make false reports to the Department of State, and that I am familiar with the provisions of Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 hereof or I am an officer or director duly elected or appointed.

SIGNATURE: W.A. Harmening 5/1/95 407-843-5775
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0062692 CP