

FILED
Jun 28, 1999 8:00 am
Secretary of State

06-28-1999 90005 026 ***158.75

1999  DIVISION OF CORPORATIONS

DOCUMENT # **ST95806**

1. Corporation Name
Champion Restaurant Systems, Inc

Principal Place of Business Mailing Address

4786 Meadowview Blvd **← Same**
Sarasota, FL 34233

2. Principal Place of Business 2a. Mailing Address

21 **4786 Meadowview** 26 **Same**

Suite, Apt. #, etc. Suite, Apt. #, etc.

22 City & State 27 City & State

23 **Sarasota, FL** 28 **FL**

24 **34233** 29 **Sarasota** 30 Country

9. Name and Address of Current Registered Agent

Mark E. Smith
4786 Meadowview Blvd
Sarasota, FL 34233

11. Pursuant to the provisions of Sections 607.0502 and 807.1508, 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 and title if applicable. (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE ☐ Change ☐ Addition

NAME **President,**

STREET ADDRESS **Mark E. Smith**

CITY-ST-ZIP **4786 Meadowview Blvd**

Sarasota, FL 34233

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 attachment with an address, with all other like empowered.

SIGNATURE: **Mark E. Smith** **4/30/99** **941-921-1372**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034 (1/98)