

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **V27658 (6)**
1. Corporation Name

CLASSIC RESTAURANTS INTERNATIONAL, INC.



Principal Place of Business: **2200 N.W. BOCA RATON BLVD. BOCA RATON FL 33431**
Mailing Address: **2200 N.W. BOCA RATON BLVD. BOCA RATON FL 33431**

3. Date Incorporated or Qualified: **04/07/1992**
3a. Date of Last Report: **06/14/1995**
4. FEI Number: **59-3144060**
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

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

9. Name and Address of Current Registered Agent

**LASCHA, JOHN T.
2200 N.W. BOCA RATON BLVD.
BOCA RATON FL 33431**

10. Name and Address of New Registered Agent

81. Name: **ARTHUR L. BARNES**
82. Street Address (P.O. Box Number is Not Acceptable): **2200 N.W. BOCA RATON BLVD.**
83. City: **BOCA RATON**
84. State: **FL**
85. Zip Code: **33431**

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: *Arthur L. Barnes*

7/12/96

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	SHAW, JAMES R	
STREET ADDRESS	1817 BALLYUNION DR	
CITY - ST - ZIP	DULUTH GA 30136	
TITLE	ST	<input checked="" type="checkbox"/> DELETE
NAME	SHAW, STEVEN L	
STREET ADDRESS	2200 NW BOCA RATON BLVD	
CITY - ST - ZIP	BOCA RATON FL 33431	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CARTER, JERRY N	
STREET ADDRESS	10802 BUCKNELL DR	
CITY - ST - ZIP	SILVER SPRINGS MD 20902	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SHAW, CAROLYN A	
STREET ADDRESS	1817 BALLYUNION DR	
CITY - ST - ZIP	DULUTH GA 30136	
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

1.1 TITLE	DIRECTOR/VICE PRES.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	CAROLINE P. ANDERSON	
1.3 STREET ADDRESS	3091 GOVERNORS LAKE DR, STE 500	
1.4 CITY - ST - ZIP	NOBLCROSS, GA 30071	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
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		

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***225.00

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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Arthur L. Barnes* 6/25/96 (770) 729-9010

CR2E034 (3/96)