4/13/98

NAME

STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP

FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 Apr 17 1998 8:00am **PROFIT** ELORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # (1) CNL RESTAURANTS I. INC. Principal Place of Business Mailing Address 400 EAST SOUTH STREET 400 EAST SOUTH STREET SLITE 500 SUITE 500 DO NOT WRITE IN THIS SPACE ORLANDO FL 32801 ORLANDO FL 32801 3. Date Incorporated or Qualified 09/11/1992 2. Principal Place of Business 2a. Mailing Address Applied For 21 59-3142499 Not Applicable 26 Suite, Apl. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Zip Country Country 8. This corporation owes or has paid the current year Intangible X No 24 25 29 30 Personal Property Tax due June 30. ☐ Yes 9. Name and Address of Current Registered Agent 10, Name and Address of New Registered Agent BOURKE, ROBERT A BOURNE, ROBERT A. 400 E. SOUTH STREET STE 500 Street Address (P.O. Box Number is Not Acceptable) ORLANDO FL 32801 83 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 Signature, typed or printed name of registered agent and title it applicable (NO16: Registered Agent signature required when reinstating) CRZE034 (10/97 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition TITLE 1.1 TITLE C/D/CEO SENEFF, JAMES M. J NAME 1.2 NAME 400 E. SOUTH STREET, SUITE 500 SENEFF, JAMES M., JR. STREET ADDRESS 1.3 STREET ADDRESS ORLANDO FL CITY-ST-ZIP 14 CITY-ST-ZIP DELETE 21 TITLE Change Addition BOURNE, ROBERT A. 2.2 NAME 400 E. SOUTH STREET, SUITE 500 2.3 STREET ADDRESS STREET ADDRESS ORLANDO FL CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TOTE ROSE, LYNN E. NAME 3.2 NAME 400 E. SOUTH STREET, SUITE 500 STREET ADDRESS 3.3 STREET ADORESS ORLANDO FL CiTY-ST-ZiP 3.4. CITY-ST-ZIP DELETE ☐ Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY - ST - ZIP DELETE Addition Change TITLE 5.1 TITLE 5.2 NAME NAME 5 3 STREET ADDRESS STREET ADDRESS 5 4 City - ST- ZiP CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE

6.2 NAME

63 STREET ADDRESS

(407) 422-1574

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 eath; that I am an officer or director of the corporation or the receiver or trusted 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 attacknown with an address.