

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**May 10, 1999 8:00 am**  
**Secretary of State**

05-10-1999 90125 037 \*\*\*150.00

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # F96000001656**

1. Corporation Name  
**GB FRANCHISE CORPORATION**



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
**1200 NORTH HARBOR BLVD.  
 ANAHEIM CA 92803**

Mailing Address  
**1200 NORTH HARBOR BLVD.  
 ANAHEIM CA 92803**

3. Date Incorporated or Qualified  
**04/02/1996**

4. FEI Number  
**33-0315776**

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 owes the current year intangible Personal Property Tax.  Yes  No

2. Principal Place of Business  
 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country 25

2a. Mailing Address  
 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30

**9. Name and Address of Current Registered Agent**

**C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION FL 33324**

**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 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 if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**12. OFFICERS AND DIRECTORS**

TITLE	<b>P</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>THEISEN, WILLIAM M</b>	
STREET ADDRESS	<b>23 CORPORATE PLAZA, SUITE 246</b>	
CITY-ST-ZIP	<b>NEWPORT BEACH CA 92660</b>	
TITLE	<b>S</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>HAGLUND, BRUCE H</b>	
STREET ADDRESS	<b>23 CORPORATE PLAZA, SUITE 246</b>	
CITY-ST-ZIP	<b>NEWPORT BEACH CA 92660</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>KUBAT, GEORGE J</b>	
STREET ADDRESS	<b>23 CORPORATE PLAZA, SUITE 246</b>	
CITY-ST-ZIP	<b>NEWPORT BEACH CA 92660</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>SCHERR, MICHAEL J</b>	
STREET ADDRESS	<b>23 CORPORATE PLAZA, SUITE 246</b>	
CITY-ST-ZIP	<b>NEWPORT BEACH CA 92660</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>GREGROY, T. ANTHONY</b>	
STREET ADDRESS	<b>23 CORPORATE PLAZA, SUITE 246</b>	
CITY-ST-ZIP	<b>NEWPORT BEACH CA 92660</b>	
TITLE		<input checked="" type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<b>V</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>ABAJIAN, TED</b>	
1.3 STREET ADDRESS	<b>1200 NORTH HARBOR BLVD.</b>	
1.4 CITY-ST-ZIP	<b>ANAHEIM, CA 92803</b>	
2.1 TITLE	<b>V</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>NICHOLAS J. CADDEO</b>	
2.3 STREET ADDRESS	<b>1200 NORTH HARBOR BLVD.</b>	
2.4 CITY-ST-ZIP	<b>ANAHEIM, CA 92803</b>	
3.1 TITLE	<b>V</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>M'LISS JONES KANE</b>	
3.3 STREET ADDRESS	<b>1200 NORTH HARBOR BLVD.</b>	
3.4 CITY-ST-ZIP	<b>ANAHEIM, CA 92803</b>	
4.1 TITLE	<b>D/C</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>WILLIAM P. FOLEY, III</b>	
4.3 STREET ADDRESS	<b>1200 NORTH HARBOR BLVD.</b>	
4.4 CITY-ST-ZIP	<b>ANAHEIM, CA 92803</b>	
5.1 TITLE	<b>D/P</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>ANDREW F. PUZDER</b>	
5.3 STREET ADDRESS	<b>1200 NORTH HARBOR BLVD.</b>	
5.4 CITY-ST-ZIP	<b>ANAHEIM, CA 92803</b>	
6.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>FRANK P. WILLEY</b>	
6.3 STREET ADDRESS	<b>1200 NORTH HARBOR BLVD.</b>	
6.4 CITY-ST-ZIP	<b>ANAHEIM, CA 92803</b>	

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:** *Ted Abajian C.F.O.* **Ted Abajian 4/27/99** (605) ~~59328~~ <sup>569-6601</sup>

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

CR2E034 (1/98)