

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 APR 28 PM 1:09

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # P15112 (6)

1. Corporation Name

AMERICAN RESTAURANT GROUP, INC.

Principal Place of Business

**450 NEWPORT CENTER DRIVE
6TH FLOOR
NEWPORT BEACH CA 92660**

Mailing Address

**450 NEWPORT CENTER DRIVE
6TH FLOOR
NEWPORT BEACH CA 92660**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

07/08/1987

3a. Date of Last Report

05/01/1994

4. FEI Number

33-0193602

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

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301**

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	CD
NAME	SOLIMAN, ANWAR S.
STREET ADDRESS	450 NEWPORT CENTER DRIVE
CITY - ST - ZIP	NEWPORT BEACH CA
TITLE	PD
NAME	ROBERTS, RALPH S.
STREET ADDRESS	450 NEWPORT CENTER DRIVE
CITY - ST - ZIP	NEWPORT BEACH CA
TITLE	VTD
NAME	MCCAFFREY, WILLIAM J., JR
STREET ADDRESS	450 NEWPORT CENTER DRIVE
CITY - ST - ZIP	NEWPORT BEACH CA
TITLE	S
NAME	KELVIE, PATRICK J.
STREET ADDRESS	450 NEWPORT CENTER DRIVE
CITY - ST - ZIP	NEWPORT BEACH CA
TITLE	D
NAME	FITE, WARNER A.
STREET ADDRESS	WORLD FINANCIAL CTR, NORTH TOWER
CITY - ST - ZIP	NEW YORK NY
TITLE	D
NAME	BEATTIE, RICHARD I.
STREET ADDRESS	425 LEXINGTON AVE.
CITY - ST - ZIP	NEW YORK NY

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

William J. McCaffrey Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT OR DIRECTOR

4/20/95
(Date)

(714) 721-8000
(Telephone)