

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

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

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

07/08/1987

3a. Date of Last Report

04/28/1995

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

9. Name and Address of Current Registered Agent

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

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

Signature typed or printed name of new registered agent

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

CD
SOLIMAN, ANWAR S.
450 NEWPORT CENTER DRIVE
NEWPORT BEACH CA

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PD
ROBERTS, RALPH S.
450 NEWPORT CENTER DRIVE
NEWPORT BEACH CA

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VTD
MCCAFFREY, WILLIAM J JR
450 NEWPORT CENTER DRIVE
NEWPORT BEACH CA

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

S
KELVE, PATRICK J.
450 NEWPORT CENTER DRIVE
NEWPORT BEACH CA

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

~~D~~
~~FITE, WARNER A.~~
~~WORLD FINANCIAL CTR, NORTH TOWER~~
~~NEW YORK NY~~

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
BEATTIE, RICHARD I.
425 LEXINGTON AVE.
NEW YORK NY

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/96

(714) 721-8000

Date

Daytime Phone #

CR2E034 (12/95)