

**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 MAR -6 AM 9:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P25613** (1)

1. Corporation Name  
**GARDEN FRESH RESTAURANT CORP.**

Principal Place of Business  
**17180 BERNARDO CTR DR.  
SAN DIEGO CA 92128  
US**

Mailing Address  
**1209 N. ORANGE ST.  
WILMINGTON DE 19801  
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified  
**08/15/1989**

3a. Date of Last Report  
**05/01/1994**

4. FEI Number  
**33-0028786**

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

21. State, Apt. #, etc.

22. City & State

23. Zip Country

24. Zip Country

2a. Mailing Address

26. State, Apt. #, etc.

27. City & State

28. Zip Country

29. Zip Country

30.

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM  
1200 S. 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

85. Zip Code

**FL**

11. Pursuant to the provisions of Sections 607.0902 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 \_\_\_\_\_ DATE \_\_\_\_\_

(Signature must be printed name of registered agent and title applicable. NOTE: Registered Agent signature required when re-registering.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>DP</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MACK, MICHAEL</b>	1.2 NAME	
STREET ADDRESS	<b>17180 BERNARDO CENTER DR.</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SAN DIEGO CA</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BROOKE, W. ANTHONY</b>	2.2 NAME	
STREET ADDRESS	<b>17180 BERNARDO CENTER DR.</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SAN DIEGO CA</b>	2.4 CITY-ST-ZIP	
TITLE	<b>S</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>QUALLS, DAVID</b>	3.2 NAME	
STREET ADDRESS	<b>17180 BERNARDO CENTER DR.</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SAN DIEGO CA</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SHENNAN, JAMIE</b>	4.2 NAME	
STREET ADDRESS	<b>17180 BERNARDO CENTER DR.</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SAN DIEGO CA</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b>	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MATTHES, WILLIAM</b>	5.2 NAME	<b>D/C</b>
STREET ADDRESS	<b>17180 BERNARDO CENTER DR.</b>	5.3 STREET ADDRESS	<b>Minchin, Michael</b>
CITY-ST-ZIP	<b>SAN DIEGO CA</b>	5.4 CITY-ST-ZIP	<b>17180 Bernardo Center Dr.</b>
TITLE	<b>D</b>	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MACK, JOSEPH</b>	6.2 NAME	
STREET ADDRESS	<b>17180 BERNARDO CENTER DR.</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SAN DIEGO CA</b>	6.4 CITY-ST-ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.071(3)(a), Florida Statutes. I further certify that the information submitted 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 of this report, or as an attachment with an address.

SIGNATURE: *[Signature]* 1/18/95 616751600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR