

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

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Jul 08 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P33372** (4)  
1. Corporation Name  
**EATERIES, INC.**

Principal Place of Business  
**3240 W. BRITTON ROAD, SUITE 202  
OKLAHOMA CITY OK 73120-2032**

Mailing Address  
**3240 W. BRITTON ROAD, SUITE 202  
OKLAHOMA CITY OK 73120-2032**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>03/19/1991</b>	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>73-1230348</b>	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<b>CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324</b>		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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b>	1.1 TITLE	<b>Vice President</b>
NAME	<b>ORZA, VINCENT D., JR.</b>	1.2 NAME	<b>Norma Karker</b>
STREET ADDRESS	<b>3240 W., BRITTON RD.#202</b>	1.3 STREET ADDRESS	<b>1108 Woodbridge Rd.</b>
CITY-ST-ZIP	<b>OKLAHOMA CITY OK 73120</b>	1.4 CITY-ST-ZIP	<b>OKLAHOMA CITY, OK 73162</b>
TITLE	<b>V</b>	2.1 TITLE	<b>Director</b>
NAME	<b>BURKE, JAMES M.</b>	2.2 NAME	<b>Philip Friedman</b>
STREET ADDRESS	<b>3240 W., BRITTON RD.#202</b>	2.3 STREET ADDRESS	<b>9474 Deramus Farm Ct.</b>
CITY-ST-ZIP	<b>OKLAHOMA CITY OK 73120</b>	2.4 CITY-ST-ZIP	<b>Vienna, VA. 22182</b>
TITLE	<b>VT</b>	3.1 TITLE	<b>Director</b>
NAME	<b>QABLE, COREY</b>	3.2 NAME	<b>Larry Kordisch</b>
STREET ADDRESS	<b>3240 W. BRITTON RD. #202</b>	3.3 STREET ADDRESS	<b>11324 Shady Glen Rd.</b>
CITY-ST-ZIP	<b>OKLAHOMA CITY OK 73120</b>	3.4 CITY-ST-ZIP	<b>OKLAHOMA CITY, OK 73162</b>
TITLE	<b>S</b>	4.1 TITLE	
NAME	<b>ORZA, PATRICIA L.</b>	4.2 NAME	
STREET ADDRESS	<b>1901 MISTLETOE LANE</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>OKC OK 73013</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b>	5.1 TITLE	
NAME	<b>ORZA, EDWARD</b>	5.2 NAME	
STREET ADDRESS	<b>1147-455 LEGGETT AVE.</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NEW YORK NY</b>	5.4 CITY-ST-ZIP	
TITLE	<b>D</b>	6.1 TITLE	
NAME	<b>GOLDEN, THOMAS F.</b>	6.2 NAME	
STREET ADDRESS	<b>4181 S OAK RD</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TULSA OK</b>	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 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: \_\_\_\_\_

CR2E034 (10/97)