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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F93000004098

RUTH U. FERTEL, INC.

								#11 416 11 46 11	#
Principal Place of Business Mailing Address									
3321 HESSMER AVENUE 3321 HESSMER AVENUE									
METAIRIE LA 70	0002		METAIRIE LA 70002			DO NOT WRITE IN THIS SPACE			
US US						3. Date Incorporated or Qualifed			
						09/07/1993			
3 Discussion	land of Duniana	2a. Mailing Address				4. FEI Number			applied For
	lace of Business	⊢ , •				72-1060618			lot Applicable
21 26 Suite Apt # etc. Suite, Apt. #, v								<u></u>	Additional
¬ •••••						5. Certifcate of Status Desired			Required
22 - 27 City & State City & State						6 Startion Compaign Financing \$5.00 May Re			
─ `	— ·	City & State			Trust Fund Contribution Added to Fees				
23) Zip	Country		Col	ıntry	*		ent vear Inta		19.
—						8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No			
24	9. Name and Address of Curre		130	г		10. Name and Address of New R	egistered A		
	5. Name and Address of Curre	in Registered Agent		81	Name	Itamo dia 1	4		
CT (CORPORATION SYSTEM								
1200 S PINE ISLAND RD				82 Street Address (P.O. Box Number is Not Acceptable)					į
PLANTATION FL 33324				83					
	THIOTHE GOODE			103					.1
				84	City		FL	85 Zip	Code
								ــــــــــــــــــــــــــــــــــــــ	
11. Pursuant	to the provisions of Sections 607.050	02 and 607.1508, Florida Stat	utes, the a	bove t hv	e-named cor	rporation submits this statement for the tion's board of directors. I hereby accep	purpose of c t the appoin	nanging it tment as r	s registered
agent. I a	m familiar with, and accept the obliga	ations of, Section 607.0505, F	Iorida Stat	utes.					1
SIGNATURE									
Signature, typed or printed name of registered agent and title if applicable. (NOTE:				d Agen	t signature requi	ired when reinstating)	DATE	D DIDECT	ODE IN 12
12.	OFFICERS AND DIRECTORS					ADDITIONS/CHANGES TO OF	FICERS AN		
TITLE	P	DELETE	1.1 T	ITLE	-			Change	Addition
NAME	HYDE, WILLIAM		1.2 N	AME	İ				ļ
STREET ADDRESS	5 GREAT MEADOW RD		1.3 S	TREET	ADDRESS				1
CITY-ST-ZIP	LOCUST VALLEY NY 70002		1.4 0	1.4 CITY-ST-ZIP					
TITLE	D DELET		2.1 T	2.1 TITLE				Change	Addition
NAME	BROOKS, PHILIP S		2.2 N	2.2 NAME					j
STREET ADORESS	723 HILLARY STREET		2.3 S	TREET	ADDRESS				<u></u>
CITY-ST-ZIP	NEW ORLEANS LA 70118			JTY-S					
TITLE	D DELETE			3.1 TITLE				Change	Addition
NAME	RYDER, JAMES E JR.			3.2 NAME					1
-	AAAA MONTDAOUET DD		- 4		ADORESS				1
STREET ADDRESS	KENNER LA 70065								
CITY-ST-ZIP	T	***************************************		3.4. CITY-ST-ZIP 4.1 TITLE		ASSESSED OF THE PROPERTY OF TH		☐ Change	e Addition
TITLE	DENNICON THOMAS			4.1 IIIEE 4.2 NAME					_]
NAME	PENNISON, THOMAS								İ
STREET ADDRESS				4.3 STREET ADDRESS					
CITY-ST-ZIP	METARIE LA			ITY-5	T-ZIP				Addition
TITLE	AS	₩ DELETE	5.1 T		1			Change	, Madition
NAME	BURKET, JAYMIE		5.2 N						ļ
STREET ADDRESS					FADORESS				
CITY-ST-ZIP	MANDEVILLE LA			ITY-S	T-ZIP				
TITLE	S			ITLE	7			Change Change	e
	CEDTEL DUTLU II		621	AME					1

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 suppliemental 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 on the faceiver of sustee 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 an analysis of the corporation of the corporati

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

FERTEL, RUTH U

NEW ORLEANS LA 70119

711 N BRAD ST

TRE REQUIRED IGNATURE AND OPEN OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90092 037 ***150.00