

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION
 ANNUAL REPORT
 1996



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

DOCUMENT # **P35593** (3)

1. Corporation Name
LONGHORN STEAKS, INC.



Principal Place of Business: **8215 ROSWELL RD. BUILDING 200. ATLANTA GA 30350**
 Mailing Address: **8215 ROSWELL RD. BUILDING 200. ATLANTA GA 30350**

3. Date Incorporated or Qualified: **09/19/1991**
 3a. Date of Last Report: **09/15/1995**
 4. FEI Number: **58-1498312**
 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 Suite, Apt #, etc
 22 City & State
 23 Zip
 24 Country
 25
 26
 27
 28
 29
 30

9. Name and Address of Current Registered Agent
TERMINELLO, NANCY
2700 S.W. 37TH AVENUE
MIAMI FL 33133

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 607.0502 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)

12. OFFICERS AND DIRECTORS

TITLE	PCEO	<input type="checkbox"/> DELETE
NAME	RIVERA, RICHARD E.	
STREET ADDRESS	8215 ROSWELL RD. BLDG. 200	
CITY-ST-ZIP	ATLANTA GA 30350	
TITLE	C	<input type="checkbox"/> DELETE
NAME	MCKERROW, GEORGE W., JR.	
STREET ADDRESS	8215 ROSWELL RD. BLDG 200	
CITY-ST-ZIP	ATLANTA GA 30350	
TITLE	S	<input type="checkbox"/> DELETE
NAME	HUEMME, ANNE	
STREET ADDRESS	8215 ROSWELL RD. BLDG 200	
CITY-ST-ZIP	ATLANTA GA 30350	
TITLE	V	<input type="checkbox"/> DELETE
NAME	BURNETT, WILLIAM	
STREET ADDRESS	8215 ROSWELL RD. BLDG 200	
CITY-ST-ZIP	ATLANTA GA 30350	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MCKERROW, GEORGE SR.	
STREET ADDRESS	8215 ROSWELL RD. BLDG 200	
CITY-ST-ZIP	ATLANTA GA 30350	
TITLE	D	<input type="checkbox"/> DELETE
NAME	METZ, JOHN	
STREET ADDRESS	8215 ROSWELL RD. BLDG 200	
CITY-ST-ZIP	ATLANTA GA 30350	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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 119.07(3)(k), Florida Statutes. I further certify that the information included 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Anne D. Humme 6/27/96 770-399-9595
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Designation

CR2E034 (3/96)