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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

P95000052154 (8)

OUTBACK STEAKHOUSE PARTNERS, INC.

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

98 APR 16 AM 9: 34



Principal Place of Business Mailing Address					
550 NORTH REO STREET. SUITE 200 550 NORTH REO STREET TAMPA FL 33609 TAMPA FL 33609			ET. SUITE 200		
THMPR 12 55009		Inmin IL 9000			DO NOT WRITE IN THIS SPACE
•					3. Date Incorporated or Qualified
<u></u>				·	07/06/1995
2. Principal Place of Business		2a. Mailing Address			4. FEI Number 65-6180717 Applied For
21 Suite And A sta		[26]			APPLIED FOR Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional
22 City & State		City & State			Fee Required
23		·····1			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip	Country	Country Zip Cou		v	
24	25	29	30	,	8. This corporation owes or has paid the current year Intangible Personal Properly Tax due June 30. Yes No
 	9. Name and Address of Curre		1301		10. Name and Address of New Registered Agent
KA	DOW, JOSEPH J	· · · · · · · · · · · · · · · · · · ·	81	Name	
550 NORTH REO STREET, SUITE 200			82	Class Add	// // // // // // // // // // // // //
b	MPA FL 33609	200	04	Street Add	dress (P.O. Box Number is Not Acceptable)
			83		
			84	City	
			04	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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE					
	Signature, typed se ponted name of regularist a	and the second s	Off: Registered Ag	ont signature requ	ired when reinstating) DATE
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	CD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	SULLIVAN, CHRIS T		12 NAME		600002499926 7
STREET ADDRESS	550 NORTH REO STREET, S	SUITE 200		r Address	-04/24/9801006012 h
CITY-ST-ZIP	TAMPA FL 33609	DOLLETO	1.4 C/TY-1	ST-ZIP	****150.00
TITLE	PD	☐ DCLETE	2.1 TITLE		Change To Tabulition
NAME STREET ADDRESS	BASHAM, ROBERT D	NUTT AAA	2.2 NAME		
STREET ADDRESS	550 NORTH REO STREET, S	OHE 200	2.3 STREE		
CITY-ST-ZIP TITLE	TAMPA FL 33609 VD	DELETE	2. 4 CITY - 3.1 TITLE	S1-ZIP	Chance
NAME	GANNON, TIMOTHY J	L. J. St.Cife	3.7 HILE 3.2 NAME		Change Addition
STREET ADDRESS	550 NORTH REO STREET, S	HITE 200	3.2 NAME	ADODECO	17
CITY-ST-ZIP	TAMPA FL 33609	OHE AU			" \ \ \
TITLE	VTD	DELETE	3.4. City-	51 - 211	Change Addition
NAME	MERRITT, ROBERT S	<u></u>	4. 2 NAME		YIVIV DOMANGE DAGGETT
STREET ADDRESS	550 NORTH RED STREET, S	UITE 200		ADDRESS	', '
CITY-ST-ZIP	TAMPA FL 33609	OHE EVV	4.4 CITY-5		
TITLE	S	DELETE	5.1 HTLF	2.2"	☐ Change ☐ Addition
NAME	KADOW, JOSEPH J		5.2 NAME		C Shange C Addition
STREET ADDRESS	550 NORTH REO STREET, S	UITE 200	5.3 STREET	ADDRESS	
CITY-ST-ZIP	TAMPA FL 33609		5.4 CITY - S		
TITLE		DELETE	61 TITLE		☐ Change ☐ Addition
NAME		_	62 NAME		
STREET ADDRESS			63 STREET	ADDRESS	
CITY-ST-ZIP			6.4 CiTY- S	ľ	
44		:	370111		

I hereby certify that the information supplied with this filling 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 before 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 of trustor 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 attachmorti with any address.