

CORPORATION
ANNUAL REPORT
1999



Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000031928

1. Corporation Name
THE ORIGINAL PHILLIE STEAK COMPANY

FILED
May 27, 1999 8:00 am
Secretary of State

05-27-1999 90002 041 ***150.00

Principal Place of Business
16111 N. GLENN
TAMPA FL 33618

Mailing Address
417 N. VILLAGE CIRCLE
COLUMBIA MO 65203

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		04/10/1997	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-3461636	
City & State		City & State		Applied For	
23		28		Not Applicable	
Zip		Zip		5. Certificate of Status Desired	
24		29		Additional Required	
Country		Country		30	
25		30		6. This corporation owes the current year Intangible Personal Property Tax.	
29		30		Yes No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MCLAUGHLIN, M.L.
16111 NORTH GLENN
TAMPA FL 33618

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	MCLAUGHLIN, D.K.	1.2 NAME	
STREET ADDRESS	417 N. VILLAGE CIRCLE	1.3 STREET ADDRESS	
CITY-ST-ZIP	COLUMBIA MO 65203	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	
NAME	MCLAUGHLIN, M.L.	2.2 NAME	
STREET ADDRESS	16111 N. GLENN	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33618	2.4 CITY-ST-ZIP	
TITLE	STD	3.1 TITLE	
NAME	MCLAUGHLIN, BARBARA	3.2 NAME	
STREET ADDRESS	417 N. VILLAGE CIRCLE	3.3 STREET ADDRESS	
CITY-ST-ZIP	COLUMBIA MO 65203	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE:

Barbara M. McLaughlin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)