

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

99 APR 19 PM 2: 35

DOCUMENT # P98000107973

1. Corporation Name OUTBACK CATERING, INC.



DO NOT WRITE IN THIS SPACE

- 3. Date Incorporated or Qualified 12/18/1998
4. FLL Number [X] 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 owes the current year Intangible Personal Property Tax [] Yes [X] No
10. Name and Address of New Registered Agent

Principal Place of Business 550 NORTH REO STREET #200 TAMPA FL 33609
Mailing Address 550 NORTH REO STREET #200 TAMPA FL 33609

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc 26 Suite, Apt. #, etc
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
KADOW, JOSEPH J
550 NORTH REO STREET #200
TAMPA FL 33609

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 (Sign for printed name of registered agent and board agent only)

(NOTE: Registered Agent's signature required for all filings)

Date

Table with 12 rows for Officers and Directors. Includes fields for Title, Name, Street Address, City, St, Zip. Row 1: D KADOW, JOSEPH J, 550 NORTH REO STREET #200, TAMPA FL 33609.

Table with 13 rows for Additions/Changes to Officers and Directors in 12. Includes fields for Title, Name, Street Address, City, St, Zip. Row 1: 11 TITLE, 12 NAME, 13 STREET ADDRESS, 14 CITY-ST-ZIP.

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-04/28/99--01049--007
****150.00 ****150.00

Handwritten signatures: BJK, 4/28/99

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/99

8/3/2002

000889

CR2E034 (11/98)