

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **S17969 (4)**

1. Corporation Name

**BEEF O'BRADYS BLOOMINGDALE, INC.**



Principal Place of Business

Mailing Address

**4330 BELL SHOALS  
VALRICO FL 33594**

**4330 BELL SHOALS  
VALRICO FL 33594**

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. Country

29. Country

25. Country

30. Country

3. Date Incorporated or Qualified

**12/10/1990**

3a. Date of Last Report

**04/25/1995**

4. FEI Number

**59-3042582**

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MELLODY, JAMES  
4330 BELL SHOALS  
VALRICO FL 33594**

E1 Name

E2 Street Address (P.O. Box Number is Not Acceptable)

E3

E4 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.

DATE Registered Agent signature required when fee is due.

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DP**  DELETE  
NAME **MELLODY, JAMES**  
STREET ADDRESS **4330 BELL SHOALS**  
CITY - ST - ZIP **VALRICO FL**

11 TITLE:  Change  Addition  
12 NAME:  
13 STREET ADDRESS:  
14 CITY - ST - ZIP:

TITLE **D**  DELETE  
NAME **DUNNAM, DENNIS**  
STREET ADDRESS **1924 SIDNEY RD.**  
CITY - ST - ZIP **VALRICO FL**

21 TITLE:  Change  Addition  
22 NAME:  
23 STREET ADDRESS:  
24 CITY - ST - ZIP:

TITLE **D**  DELETE  
NAME **WARD, THOMAS**  
STREET ADDRESS **504 S. BRYAN CIR.**  
CITY - ST - ZIP **BRANDON FL**

31 TITLE:  Change  Addition  
32 NAME:  
33 STREET ADDRESS:  
34 CITY - ST - ZIP:

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

41 TITLE:  Change  Addition  
42 NAME:  
43 STREET ADDRESS:  
44 CITY - ST - ZIP:

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

51 TITLE:  Change  Addition  
52 NAME:  
53 STREET ADDRESS:  
54 CITY - ST - ZIP:

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

61 TITLE:  Change  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 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 unchanged, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-1996 254 2200

Date Daytime Phone #

CR2E034 (12/95)