

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: **4330 BELL SHOALS VALRICO FL 33594**
Mailing Address: **4330 BELL SHOALS VALRICO FL 33594**

3. Date Incorporated or Qualified: **12/10/1990**
3a. Date of Last Report: **04/25/1995**
4. FEI Number: **59-3042582**
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: **4330 BELL SHOALS VALRICO FL 33594**
2a. Mailing Address: **4330 BELL SHOALS VALRICO FL 33594**
21. Suite, Apt. #, etc.:
22. City & State:
23. Zip: **33594** Country:
24. Zip: **33594** Country:

9. Name and Address of Current Registered Agent:
MELLODY, JAMES
4330 BELL SHOALS
VALRICO FL 33594

10. Name and Address of New Registered Agent:
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: _____ DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	MELLODY, JAMES	
STREET ADDRESS	4330 BELL SHOALS	
CITY - ST - ZIP	VALRICO FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DUNNAM, DENNIS	
STREET ADDRESS	1924 SIDNEY RD.	
CITY - ST - ZIP	VALRICO FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WARD, THOMAS	
STREET ADDRESS	504 S. BRYAN CIR.	
CITY - ST - ZIP	BRANDON FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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 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

Date: **4-23-1996** 254 2200
Daytime Phone #

CR2E034 (12/95)