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Apr 22 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 829123 (9)
1. Corporation Name
STEAK AND ALE OF FLORIDA, INC.

Principal Place of Business
%TAX DEPT.
12404 PARK CENTRAL DR.
DALLAS TX 75251

Mailing Address
%TAX DEPT.
P.O. BOX 224018
DALLAS TX 75222-4018
US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/04/1972		3a. Date of Last Report 04/24/1996	
21 State, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 75-1397839		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 Country		30 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
110 NORTH MAGNOLIA STREET
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	

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 _____ (NOTE: Registered Agent signature required when re-stating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	HARIG, ROBERT J.	1.2 NAME	
STREET ADDRESS	4305 ADDINGTON PLACE	1.3 STREET ADDRESS	
CITY-ST-ZIP	FLOWER MOUND TX	1.4 CITY-ST-ZIP	
TITLE	VSTD	2.1 TITLE	VSTD
NAME	MCCARTHY, JAMES W.	2.2 NAME	TODD M. WATSON
STREET ADDRESS	2613 MILLINGTON	2.3 STREET ADDRESS	18404 PARK CENTRAL DRIVE
CITY-ST-ZIP	PLANO TX 75093	2.4 CITY-ST-ZIP	DALLAS, TX 75251
TITLE	AS	3.1 TITLE	
NAME	CARPENTER, CAROLYN	3.2 NAME	
STREET ADDRESS	2009 WHIPPOORWILL	3.3 STREET ADDRESS	
CITY-ST-ZIP	CARROLLTON TX 75006	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 do 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.

SIGNATURE: Carolyn Carpenter CAROLYN CARPENTER
ASSISTANT SECRETARY 4-4-97 978-404-5215
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)