

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 07 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F93000004098 (0)

1. Corporation Name

RUTH U. FERTEL, INC.

Principal Place of Business

3321 HESSMER AVENUE
METAIRIE LA 70002
US

Mailing Address

3321 HESSMER AVENUE
METAIRIE LA 70002
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/07/1993

4. FEI Number

72-1060618

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes

☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

25 Suite, Apt. #, etc.

26 City & State

27 Zip

28 Country

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S PINE ISLAND RD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

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

TITLE	CSP	<input checked="" type="checkbox"/> DELETE
NAME	FERTEL, RUTH U	
STREET ADDRESS	711 N. BROAD STREET	
CITY-ST-ZIP	NEW ORLEANS LA 70002	

TITLE	D	<input type="checkbox"/> DELETE
NAME	BROOKS, PHILIP S	
STREET ADDRESS	723 HILLARY STREET	
CITY-ST-ZIP	NEW ORLEANS LA 70118	

TITLE	D	<input type="checkbox"/> DELETE
NAME	RYDER, JAMES E JR.	
STREET ADDRESS	4144 MONTRACHET DR.	
CITY-ST-ZIP	KENNER LA 70085	

TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	CATHER, JONI	
STREET ADDRESS	3321 HESSMER AVE	
CITY-ST-ZIP	METAIRIE LA	

TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	DILAPI, CHARLES	
STREET ADDRESS	3321 HESSMER	
CITY-ST-ZIP	METAIRIE LA	

TITLE	AS	<input checked="" type="checkbox"/> DELETE
NAME	BRINKERHOFF, BECKI F.	
STREET ADDRESS	17 CHATEAU TALBOT	
CITY-ST-ZIP	KENNER LA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Hyde, William	
1.3 STREET ADDRESS	Five Great Meadow Road	
1.4 CITY-ST-ZIP	Locust Valley, NY	

2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		

3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		

4.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Pennison, Thomas	
4.3 STREET ADDRESS	6204 Rosalie Court	
4.4 CITY-ST-ZIP	Metairie, LA 70003-2058	

5.1 TITLE	AS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Burkart, Jaymie	
5.3 STREET ADDRESS	107 E. Field Court	
5.4 CITY-ST-ZIP	Mandeville, LA 70471	

6.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Fertel, Ruth U.	
6.3 STREET ADDRESS	711 N. Broad Street	
6.4 CITY-ST-ZIP	New Orleans, LA 70119	

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.

SIGNATURE:

Jamie Burkart

CR2E034 (10/97)