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

PROFIT CORPORATION ANNUAL REPORT 1998

Principal Place of Business % B.A. BARNWELL

1615 E. COLONIAL DRIVE

2. Principal Place of Business

ORLANDO FL 32803

Suite, Apt. #, etc.

City & State

23

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FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # G17228

(9)

% B.A. BARNWELL

ORLANDO FL 32803

2a. Mailing Address

City & State

Suite, Apt. #, etc.

26

29

BARNEY'S STEAK HOUSE, INC.

Country

g. Name and Address of Current Registered Agent

25

Mailing Address	

8. This corporation owes or has paid the current year Intangible

FILED

Jan 30 1998 8:00am

Secretary of State

1615 E. COLONIAL DRIVE DO NOT WRITE IN THIS SPACE

4. FEI Number

<u>12/28/1982</u>

59-2254128

5. Certificate of Status Desired

6. Election Campaign Financing

Personal Property Tax due June 30.

10. Name and Address of New Registered Agent

Trust Fund Contribution

3. Date Incorporated or Qualified

BARNWELL, B. A.		81	Name	Name				
1615 E. COLONIAL DRIVE ORLANDO FL 32806		82	82 Street Address (P.O. Box Number is Not Acceptable)					
01,	E 1150 E 02000		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 tide if applicable. (NOTE, Registered Agent signature required when reinstating) DATE								
12.	OFFICERS AND E				ADDITIONS/CHANGES TO OFFICERS AND I	DIRECTOR	S IN 12	
T‡TLE	DVP	DELETE 1.11	TITLE			Change	Addition	
NAME	BARNWELL, B. A.	1.21	NAME					
STREET ADDRESS	1615 E. COLONIAL DRIVE	1.35	STREET	ADDRESS	s			
CITY - ST - ZIP	ORLANDO FL	1.41	CITY-S	T-ZIP				
TITLE			TITLE			Change	☐ Addition	
NAME		2.21	NAME					
STREET ADDRESS		2.3 5	STREET	ADDRESS	5		i	
City-St-Zip		2.4	CITY-S	T-ZIP	,			
TITLE		DELETE 3.1 T	TITLE			Change	Addition	
NAME		3.21	NAME					
STREET ADDRESS		3.35	3.3 STREET ADD		3			
CITY - ST - ZIP		3,4.1	CITY-S	T- ZIP				
TITLE		DELETE 4.17	TITLE			Change	☐ Addition	
NAME		4.2	4. 2 NAME					
STREET ADDRESS		4.3 \$	STREET.	ADDRESS	3			
CITY-\$T-ZIP			CITY-SI	r-zip				
TITLE		DELETE 5.1 T	ITLE			Change	☐ Addition	
NAME		5.2 h	AME					
STREET ADDRESS		5.3 \$	STREET	address	3			
CITY-ST-ZIP			HTY-ST	-ZIP				
TITLE		DELETE 6.1 T	ITLE			Change	Addition	
NAME		6.2 N	IAME				ļ	
STREET ADDRESS		6.3 \$	TREET	address	3		-	
CITY-ST-ZIP	<u> </u>		ITY-ST					
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 or an attachment with an address.								

Country

30

SIGNATURE:

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Yes Yes

Not Applicable