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Jan 29 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # **J68417** (1)  
1. Corporation Name  
**STEAK HOUSE REALTY CORPORATION**

Principal Place of Business  
**2113 FLORIDA BOULEVARD  
NEPTUNE BEACH FL 32266**

Mailing Address  
**2113 FLORIDA BOULEVARD  
NEPTUNE BEACH FL 32266-1809**



3. Date Incorporated or Qualified <b>04/21/1987</b>	3a. Date of Last Report <b>02/08/1996</b>
4. FEI Number <b>59-2798434</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Country
24	29

9. Name and Address of Current Registered Agent

**ALEXANDER, EDWARD B JR.  
2113 FLORIDA BLVD  
NEPTUNE BCH FL 32266**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	CHRISTMAN, LEWIS E. J	1.2 NAME	
STREET ADDRESS	2113 FLORIDA BLVD	1.3 STREET ADDRESS	
CITY - ST - ZIP	NEPTUNE BEACH FL	1.4 CITY - ST - ZIP	
TITLE	VD	2.1 TITLE	
NAME	SMITH, WILLIAM S., JR.	2.2 NAME	
STREET ADDRESS	2113 FLORIDA BLVD #A	2.3 STREET ADDRESS	
CITY - ST - ZIP	NEPTUNE BCH FL	2.4 CITY - ST - ZIP	
TITLE	TS	3.1 TITLE	Vice President Finance & CFO
NAME	ALEXANDER, EDWARD, B	3.2 NAME	
STREET ADDRESS	2113 FLORIDA BLVD.	3.3 STREET ADDRESS	
CITY - ST - ZIP	NEPTUNE BEACH FL	3.4 CITY - ST - ZIP	
TITLE	Walters, Michael J.	4.1 TITLE	Secretary
NAME		4.2 NAME	Walters, Michael J.
STREET ADDRESS		4.3 STREET ADDRESS	2113 Florida Blvd.
CITY - ST - ZIP		4.4 CITY - ST - ZIP	Neptune Beach, FL.
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: Michael J. Walters  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

CR2E034 (9/96)