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PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED

97 APR 29 PM 2:52

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # K53825

(1)

1. Corporation Name

RUTH'S CHRIS STEAKHOUSE #6, INC.

Principal Place of Business
2525 NORTH FEDERAL HWY.
FT. LAUDERDALE FL 33305

Mailing Address
2525 NORTH FEDERAL HWY.
FT. LAUDERDALE FL 33305-1620

3. Date Incorporated or Qualified
12/27/1988

3a. Date of Last Report
04/08/1996

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

65-0089253

Applied For

Not Applicable

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

9. Name and Address of Current Registered Agent

STYLES, MICHAEL
1915 SE 4TH AVE
FT LAUDERDALE FL 33316

10. Name and Address of New Registered Agent

81 Name

CT CORPORATION SYSTEM

82 Street Address (P.O. Box Number is Not Acceptable)

1200 SOUTH PINE ISLAND ROAD

83

84 City

PLANTATION

FL

85 Zip Code

33324

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

Victor Alfano

VICTOR ALFANO, ASSISTANT SECRETARY

28 APRIL 1997

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE SC
NAME FERTEL, RUTH
STREET ADDRESS 711 N BROAD
CITY-ST-ZIP NEW ORLEANS LA

☐ DELETE

TITLE AD
NAME DELL, MONIQUE
STREET ADDRESS 2525 N FEDERAL HWY
CITY-ST-ZIP FT. LAUDERDALE FL

☐ DELETE

TITLE VP
NAME WOLLERMAN, GARY
STREET ADDRESS 4039 VENDOME
CITY-ST-ZIP NEW ORLEANS LA

☐ DELETE

TITLE D
NAME BROOKS, PHILIP
STREET ADDRESS 3321 HESSMER
CITY-ST-ZIP METAIRIE LA

☐ DELETE

TITLE AS
NAME BRINKERHOFF, BECKI
STREET ADDRESS 3321 HESSMER
CITY-ST-ZIP METAIRIE LA

☐ DELETE

TITLE D
NAME RYDER, JAMES
STREET ADDRESS 3321 HESSMER
CITY-ST-ZIP METAIRIE LA

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

P.S.C
RUTH FERTEL
711 N. BROAD
NEW ORLEANS, LA 70119

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

900002158869-5
-04/29/97--01089-028
****165.00 ****165.00

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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:

Becki Brinkerhoff

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (9/96)