

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # K53827

(7)

1. Corporation Name

RUTH'S CHRIS STEAKHOUSE #7, INC.

Principal Place of Business

681 U.S. HWY. ONE
NORTH PALM BEACH FL 33408

Mailing Address

681 U.S. HWY. ONE
NORTH PALM BEACH FL 33408-4605

FILED

97 APR 29 PM 3:12

SECRETARY OF STATE
TALLAHASSEE FLORIDA



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-04/29/97--01089--030

****165.00 ****165.00

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

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

65-0089244

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 J. (ESQ.)
4515 S.E. 4TH AVE.
FT. LAUDERDALE FL 33306

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 607.002 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

VICTOR ALFANO, ASSISTANT SECRETARY

28 APRIL 1997

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	DELETE
NAME	CAGEMI, TOM	
STREET ADDRESS	3321 HESSMER	
CITY-ST-ZIP	MATAIRE LA	
TITLE	T	DELETE
NAME	CATHER, JONI	
STREET ADDRESS	3321 HESSMER	
CITY-ST-ZIP	MATAIRE LA	
TITLE	D	DELETE
NAME	RYDER, JIM	
STREET ADDRESS	3321 HESSMER	
CITY-ST-ZIP	METAIRE LA	
TITLE	D	DELETE
NAME	BROOKS, PHIL	
STREET ADDRESS	3321 HESSMER	
CITY-ST-ZIP	METAIRE LA	
TITLE	AS	DELETE
NAME	BRINKERHOFF, BECKI	
STREET ADDRESS	3321 HESSMER	
CITY-ST-ZIP	MELAIRE LA	
TITLE	S	DELETE
NAME	FERTER, RUTH	
STREET ADDRESS	711 N BROAD	
CITY-ST-ZIP	NEW ORLEANS LA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P, S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	FERTER, RUTH	
1.3 STREET ADDRESS	711 N. BROAD	
1.4 CITY-ST-ZIP	NEW ORLEANS, LA 70119	
2.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	CATHER, JONI	
2.3 STREET ADDRESS	6601 WUERPEL	
2.4 CITY-ST-ZIP	NEW ORLEANS, LA 70124	
3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	RYDER, JAMES	
3.3 STREET ADDRESS	4144 MONTRACHET DR.	
3.4 CITY-ST-ZIP	KENNER, LA 70065	
4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	BROOKS, PHIL	
4.3 STREET ADDRESS	1311 HENRY CLAY	
4.4 CITY-ST-ZIP	NEW ORLEANS, LA 70118	
5.1 TITLE	AS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	BRINKERHOFF, BECKI	
5.3 STREET ADDRESS	17 CHATEAU TALBOT	
5.4 CITY-ST-ZIP	KENNER, LA 70065	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

Date

Daytime Phone #

0901824

CR2E034 (9/96)