

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **K84192** (9)

1. Corporation Name

**RUTH'S CHRIS STEAKHOUSE #9, INC.**

Principal Place of Business

**3913 N E 163RD STREET  
N MIAMI BEACH FL 33160**

Mailing Address

**3913 N E 163RD STREET  
N MIAMI BEACH FL 33160**



2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**STYLES, MICHAEL J., ESQ.  
1515 S.E. 4TH AVENUE  
FT LAUDEDALE FL 33316**

81 Name

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

83

84 City

**FL**

85 Zip Code

3. Date Incorporated or Qualified

**04/28/1989**

3a. Date of Last Report

**04/20/1995**

4. FEI Number

**59-2958929**

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

10. Name and Address of New Registered Agent

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 board of directors

(Not for Registered Agent signature registered in state of FL)

DATE

12. OFFICERS AND DIRECTORS

TITLE	CS	<input type="checkbox"/> DELETE
NAME	FERTEL, RUTH U.	
STREET ADDRESS	3321 HESSMER	
CITY-STATE-ZIP	METARIE LA	
TITLE	AD	<input type="checkbox"/> DELETE
NAME	BOULMEY, BRETT	
STREET ADDRESS	3913 NE 163RD ST	
CITY-STATE-ZIP	N MIAMI BEACH FL	
TITLE	VP Treasurer	<input type="checkbox"/> DELETE
NAME	CATHER, JONI	
STREET ADDRESS	3321 HESSMER	
CITY-STATE-ZIP	METARIE LA	
TITLE	P Director	<input type="checkbox"/> DELETE
NAME	BROOKS, PHIL	
STREET ADDRESS	3321 HESSMER	
CITY-STATE-ZIP	METARIE LA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RYDER, JIM	
STREET ADDRESS	3321 HESSMER	
CITY-STATE-ZIP	METARIE LA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1996

1. TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2. NAME	Thomas Cargeni	
3. STREET ADDRESS	5509 Toby	
4. CITY-STATE-ZIP	Kenner, LA 70065	
5. TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6. NAME	Gary Wollerman	
7. STREET ADDRESS	4039 Vendome	
8. CITY-STATE-ZIP	New Orleans, LA 70125	
9. TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
10. NAME	Becki Brinkerhoff	
11. STREET ADDRESS	17 Chateau Talbot	
12. CITY-STATE-ZIP	Kenner, LA 70065	
13. TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
14. NAME	Robert merriek	
15. STREET ADDRESS	800 Common, Ste 1000	
16. CITY-STATE-ZIP	New Orleans, LA 70112	
17. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME		
19. STREET ADDRESS		
20. CITY-STATE-ZIP		
21. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME		
23. STREET ADDRESS		
24. CITY-STATE-ZIP		
25. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
26. NAME		
27. STREET ADDRESS		
28. CITY-STATE-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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

1/22/96 (504) 4546560  
Date Date/Time Phone #

CR2E034 (12/95)