

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 # 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 33160-4125

FILED

97 APR 29 PM 3:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/28/1989		3a. Date of Last Report 04/08/1996	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		4. FEI Number 59-2958929		Applied For Not Applicable	
22. City & State		27. City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23. Zip		28. Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24. Country		29. Country		30. Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

STYLES, MICHAEL J., ESQ.
1615 S.E. 4TH AVENUE
FT LAUDEDALE FL 33304

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
85. Zip Code
FL 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, 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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CS	1.1 TITLE	CS, P
NAME	FERTEL, RUTH U.	1.2 NAME	FERTEL, RUTH U.
STREET ADDRESS	3321 HESSMER	1.3 STREET ADDRESS	3321 HESSMER
CITY - ST - ZIP	METairie LA	1.4 CITY - ST - ZIP	METairie, LA 70002
TITLE	AD	2.1 TITLE	
NAME	BOULMEY, BRETT	2.2 NAME	
STREET ADDRESS	3913 NE 163RD ST	2.3 STREET ADDRESS	
CITY - ST - ZIP	N MIAMI BEACH FL	2.4 CITY - ST - ZIP	100002158871--9
TITLE	T	3.1 TITLE	
NAME	CATHER, JONI	3.2 NAME	
STREET ADDRESS	3321 HESSMER	3.3 STREET ADDRESS	
CITY - ST - ZIP	METairie LA	3.4 CITY - ST - ZIP	
TITLE	D	4.1 TITLE	
NAME	BROOKS, PHIL	4.2 NAME	
STREET ADDRESS	3321 HESSMER	4.3 STREET ADDRESS	
CITY - ST - ZIP	METairie LA	4.4 CITY - ST - ZIP	
TITLE	D	5.1 TITLE	
NAME	RYDER, JIM	5.2 NAME	
STREET ADDRESS	3321 HESSMER	5.3 STREET ADDRESS	
CITY - ST - ZIP	METairie LA	5.4 CITY - ST - ZIP	
TITLE	P	6.1 TITLE	
NAME	CARGENI, THOMAS	6.2 NAME	
STREET ADDRESS	5509 TOBY	6.3 STREET ADDRESS	
CITY - ST - ZIP	KERNER LA	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 an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0218482

CR2E034 (9/96)