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

PROFIT CORPORATION ANNUAL REPORT 1998 POCUMENT #

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

(9)

BUTH'S CHRIS STEAKHOUSE #9 INC

FILED May 07 1998 8:00am Secretary of State

HOTTI O OTEANIOUSE #3, INO.				
Principal Place of Business Mailing Address				
• '		3913 N E 163RD STREET		
3913 N E 163RD STREET N MIAMI BEACH FL 33160		N MIAMI BEACH FL 33160		
				DO NOT WRITE IN THIS SPACE
				3. Date Incorporated or Qualified
9. Principal Pl	ace of Business	2a. Mailing Address		04/28/1989 4. FEI Number Applied For
21		26		59-2958929 Not Applicable
Suite, Apt. #, etc.		Suite, Apt #, etc.		SS 75 Additional
22		27		Certificate of Status Desired Fee Required
City & State		City & State		6. Election Campaign Financing \$5.00 May Be
23		28		Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible
24	25		80]	Personal Property Tax due June 30. Yes No
	9. Name and Address of Currer	nt Registered Agent	81 Name	10. Name and Address of New Registered Agent
CT CORPORATION SYSTEM			OI INDITIE	
1200 \$. PINE ISLAND ROAD PLANTATION FL 33324			82 Street	Address (P.O. Box Number is Not Acceptable)
			83	
			55	
			84 City	FL 85 Zip Code
1. 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 register.				
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.				
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.				
SIGNATURE Signature, typed or printed name of registered agont and title if applicable (NOTE Registered Agent signature rec				required when reinstating) DATE
12.		D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	CSP	DELETE	1.1 TITLE	P Change Addition
NAME	Fertel, Ruth U.		1.2 NAME	Hyde, William
STREET ADDRESS	3321 HESSMER		1.3 STREET ADDRESS	
CITY-ST-ZIP	METAIRIE LA 70002		1.4 CITY-ST-ZIP	Five Great Meadow Road
TITLE	AD	X DELETE	21 THTLE	T Change Addition
NAME	BOULMEY, BRETT		2.2 NAME	Pennison, Thomas
STREET ADDRESS	3913 NE 163RD ST		2.3 STREET ADDRESS	6204 Rosalie Court
CITY-ST-ZIP	N MIAMI BEACH FL	Doore	2. 4 CITY-ST-ZIP	Metairie, LA 70003-2058
TITLE	1	★ DELETE	31 TITLE	AS Lange Addition
NAME	CATHER, JONI		3.2 NAME	Burkart, Jaymie
STREET ADDRESS	3321 HESSMER		3.3 STREET ADDRESS	107 E. Fiedd Court
CITY-ST-ZIP	METARIE LA	DELETE	3.4. CITY-ST-ZIP 4.1 TITLE	Metairie, I.A 70471
TITLE	Đ B rooks, Phil	LI DELETE	4.1 IIILE 4.2 NAME	
NAME	3321 HESSMER		4.3 STREET ADDRESS	
STREET ADDRESS	METARIE LA		4.4 CITY- ST-ZIP	
CITY-ST-ZIP TITLE	D D	DELETE	5.1 TITLE	Change
NAME	RYDER, JIM		5.2 NAME	D
STREET ADDRESS	3321 HESSMER		5.3 STREET ADDRESS	Ryder, James
CITY-ST-ZIP	METAIRE LA		5.4 CITY-ST-ZIP	4144 Monrachet Kenner, LA 70065
TITLE		DELETE	6.1 TITLE	S Change Addition
NAME			6.2 NAME	Fertel, Ruth U.
STREET ADDRESS			6.3 STREET ADDRESS	711 N. Broad STreet
			6.4 CITY-ST-ZIP	New Orleans LA 70119 ad in Section 119.07(3)(i), Florida Statutes. further certify that the information
14. I hereby o	ertify that the information supplied w	vith this filing does not qualify for	the exemption state	ed 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.