

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **L91249** (7)

1. Corporation Name

RUTH'S CHRIS STEAK HOUSE #13, INC.



Principal Place of Business

**999 DOUGLAS AVE
ALTAMONTE SPRINGS FL 32714**

Mailing Address

**999 DOUGLAS AVE
ALTAMONTE SPRINGS FL 32714**

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

3. Date Incorporated or Qualified

08/06/1990

3a. Date of Last Report

04/13/1995

4. FEI Number

59-3022417

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

STYLES, MICHAEL

**2455 E. SUNRISE BLVD., SUITE 400
FT. LAUDERDALE FL 33304**

81 Name

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

83

84 City

FL

85 Zip Code

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE

CS

NAME

FERTEL, RUTH U.

STREET ADDRESS

3321 HESSMER

CITY-ST-ZIP

METAIRIE LA

TITLE

ADO

NAME

FRANKLIN, WOODROW Woody

STREET ADDRESS

999 DOUGLAS AVENUE

CITY-ST-ZIP

ALTAMONTE SPRINGS FL

TITLE

VC

NAME

GIARDINA, RALPH

STREET ADDRESS

3321 HESSMER

CITY-ST-ZIP

METAIRIE LA

TITLE

P

NAME

CANGEMI, THOMAS

STREET ADDRESS

3321 HESSMER

CITY-ST-ZIP

METAIRIE LA

TITLE

AS

NAME

BRINKERHOFF

STREET ADDRESS

3321 HESSMER

CITY-ST-ZIP

METAIRIE LA

TITLE

VP

NAME

CATHER, JONI

STREET ADDRESS

3321 HESSMER

CITY-ST-ZIP

METAIRIE LA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☒ Addition

1.1 TITLE

VP

1.2 NAME

Gary Wollerman

1.3 STREET ADDRESS

4039 Vendome

1.4 CITY-ST-ZIP

New Orleans, LA 70125

2.1 TITLE

D

2.2 NAME

Phil Brooks

2.3 STREET ADDRESS

1311 Henry Clay

2.4 CITY-ST-ZIP

New Orleans, LA 70118

3.1 TITLE

D

3.2 NAME

James Ryder

3.3 STREET ADDRESS

4144 Montrelet

3.4 CITY-ST-ZIP

Kenner, LA 70065

4.1 TITLE

D

4.2 NAME

Robert Merrick

4.3 STREET ADDRESS

800 Common, Ste 1000

4.4 CITY-ST-ZIP

New Orleans, LA 70112

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/96

Date

(504) 454 6560

Daytime Phone #

CR2E034 (12/95)