

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

**FILED**

97 APR 29 PM 2:35

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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 32714-2064**

3. Date Incorporated or Qualified <b>08/06/1990</b>	3a. Date of Last Report <b>04/16/1996</b>
4. FEI Number <b>59-3022417</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
Zip <b>29</b>	Country <b>30</b>

9. Name and Address of Current Registered Agent

**STYLES, MICHAEL-  
2455 E. SUNRISE BLVD., SUITE 406  
FT. LAUDERDALE 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** **FL** 85 Zip Code  
**33324**

11. Pursuant to the provisions of Sections 607.0501 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: *Victor Alfano* **VICTOR ALFANO, ASSISTANT SECRETARY** **28 APRIL 1997**  
Signature: Typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>CS</b>	<input type="checkbox"/> DELETE	1.1 TITLE <b>CSIP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>FERTEL, RUTH U.</b>		1.2 NAME <b>FERTEL, RUTH U</b>	
STREET ADDRESS <b>3321 HESSMER</b>		1.3 STREET ADDRESS <b>3321 HESSMER AVE</b>	
CITY-ST-ZIP <b>METairie LA</b>		1.4 CITY-ST-ZIP <b>METairie LA 70002-5888</b>	
TITLE <b>ADO</b>	<input type="checkbox"/> DELETE	2.1 TITLE <b>ADO</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>FRANKLIN, WOODROW</b>		2.2 NAME <b>FRANKLIN, WOODROW</b>	
STREET ADDRESS <b>999 DOUGLAS AVENUE</b>		2.3 STREET ADDRESS <b>999 DOUGLAS AVENUE</b>	
CITY-ST-ZIP <b>ALTAMONTE SPRINGS FL</b>		2.4 CITY-ST-ZIP <b>ALTAMONTE SPRINGS FL 32714</b>	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	3.1 TITLE <b>D</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>RYDER, JAMES</b>		3.2 NAME <b>RYDER, JAMES</b>	
STREET ADDRESS <b>4144 MONRACHET</b>		3.3 STREET ADDRESS <b>4144 MONRACHET</b>	
CITY-ST-ZIP <b>KENNER LA</b>		3.4 CITY-ST-ZIP <b>KENNER LA 70117</b>	
TITLE <b>P</b>	<input type="checkbox"/> DELETE	4.1 TITLE <b>P</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>CANGEMI, THOMAS</b>		4.2 NAME <b>CANGEMI, THOMAS</b>	
STREET ADDRESS <b>3321 HESSMER</b>		4.3 STREET ADDRESS <b>3321 HESSMER</b>	
CITY-ST-ZIP <b>METairie LA</b>		4.4 CITY-ST-ZIP <b>METairie LA 70002</b>	
TITLE <b>AS</b>	<input type="checkbox"/> DELETE	5.1 TITLE <b>AS</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>BRINKERHOFF</b>		5.2 NAME <b>BRINKERHOFF</b>	
STREET ADDRESS <b>3321 HESSMER</b>		5.3 STREET ADDRESS <b>3321 HESSMER</b>	
CITY-ST-ZIP <b>METairie LA</b>		5.4 CITY-ST-ZIP <b>METairie LA 70002</b>	
TITLE <b>VP</b>	<input type="checkbox"/> DELETE	6.1 TITLE <b>VP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>CATHER, JONI</b>		6.2 NAME <b>CATHER, JONI</b>	
STREET ADDRESS <b>3321 HESSMER</b>		6.3 STREET ADDRESS <b>3321 HESSMER</b>	
CITY-ST-ZIP <b>METairie LA</b>		6.4 CITY-ST-ZIP <b>METairie LA 70002</b>	

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:

*Beck Brinkerhoff*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)