

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

FILED
May 07 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		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
---	---

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/08/1990	
21 Suite, Apt. #, etc.	22 City & State	26 Suite, Apt. #, etc.	27 City & State	4. FEI Number 59-3022417	Applied For Not Applicable
23 Zip	25 Country	29 Zip	30 Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>				\$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					

9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S PINE ISLAND RD PLANTATION FL 33324			10. Name and Address of New Registered Agent		
			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CSP <input checked="" type="checkbox"/> DELETE	1.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERTEL, RUTH U.	1.2 NAME	Hyde, William
STREET ADDRESS	3321 HESSMER AVE	1.3 STREET ADDRESS	Five Great Meadow Road
CITY-ST-ZIP	METAIRIE LA	1.4 CITY-ST-ZIP	Locust Valley, NY
TITLE	ADO <input checked="" type="checkbox"/> DELETE	2.1 TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRANKLIN, WOODROW	2.2 NAME	Pehnison, Thomas
STREET ADDRESS	999 DOUGLAS AVENUE	2.3 STREET ADDRESS	6204 Rosalie Court
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	2.4 CITY-ST-ZIP	Metairie, LA 70003
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RYDER, JAMES	3.2 NAME	
STREET ADDRESS	4144 MONRACHET	3.3 STREET ADDRESS	
CITY-ST-ZIP	KENNER LA	3.4 CITY-ST-ZIP	
TITLE	P <input checked="" type="checkbox"/> DELETE	4.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CANGEMI, THOMAS	4.2 NAME	Brooks, Phil
STREET ADDRESS	3321 HESSMER	4.3 STREET ADDRESS	1311 Henry Clay
CITY-ST-ZIP	METAIRIE LA	4.4 CITY-ST-ZIP	New Orleans, LA 70118
TITLE	AS <input checked="" type="checkbox"/> DELETE	5.1 TITLE	AS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRINKERHOFF	5.2 NAME	Burkart, Jaymie
STREET ADDRESS	3321 HESSMER	5.3 STREET ADDRESS	107 F. Field Court
CITY-ST-ZIP	METAIRIE LA	5.4 CITY-ST-ZIP	Mandeville, LA 70471
TITLE	VP <input checked="" type="checkbox"/> DELETE	6.1 TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CATHER, JONI	6.2 NAME	Fertel, Ruth U.
STREET ADDRESS	3321 HESSMER	6.3 STREET ADDRESS	711 N. Broad Street
CITY-ST-ZIP	METAIRIE LA	6.4 CITY-ST-ZIP	New Orleans, LA 70119

14. I 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: *Joni Cather*

CR2E034 (10/97)