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 # **P39684** **(6)**

1. Corporation Name

OUTBACK STEAKHOUSE, INC.

Principal Place of Business
550 N. REO ST.
SUITE 204
TAMPA FL 33609

Mailing Address
550 N. REO ST.
SUITE 204
TAMPA FL 33609

3. Date Incorporated For Qualified: 07/13/1992
3a. Date of Last Report: 04/27/1995

4. FEI Number: 59-3061413 — 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

2. Principal Place of Business
21
Suite, Apt. #, etc.
22 SUITE 200
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27 SUITE 200
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent

A.G.C. CO.
200 S. ORANGE AVE.
SUITE 2300
ORLANDO FL 32801

10. Name and Address of New Registered Agent

81 Name: JOSEPH J. KADOW
82 Street Address (P.O. Box Number is Not Acceptable): 550 NORTH REO STREET, SUITE 200
83
84 City: TAMPA FL 85 Zip Code: 33609

11. Pursuant to the provisions of Sections 607.0502 and 607.0505, 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, and I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: JOSEPH J. KADOW — 03/21/96 (DATE)

12. OFFICERS AND DIRECTORS

TITLE	DC	[ ] DELETE
NAME	SULLIVAN, CHRIS T.	
STREET ADDRESS	550 N. REO ST., #204	
CITY-ST-ZIP	TAMPA FL	
TITLE	DP	[ ] DELETE
NAME	BASHAM, ROBERT D.	
STREET ADDRESS	550 N. REO ST., #204	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	[ ] DELETE
NAME	SMITH, HAL MR.	
STREET ADDRESS	900 36TH AVENUE, N.W.	
CITY-ST-ZIP	NORMAN OK 73072	
TITLE	D	[ ] DELETE
NAME	FLOM, EDWARD L.	
STREET ADDRESS	550 N. REO ST., #204	
CITY-ST-ZIP	TAMPA FL	
TITLE	VD	[ ] DELETE
NAME	GANNON, J. TIMOTHY	
STREET ADDRESS	550 N. REO ST., #204	
CITY-ST-ZIP	TAMPA FL	
TITLE	VTD	[ ] DELETE
NAME	MERRITT, ROBERT S.	
STREET ADDRESS	550 N. REO ST., #204	
CITY-ST-ZIP	TAMPA FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	[ ] Change	[ ] Addition
12 NAME		
13 STREET ADDRESS		
14 CITY-ST-ZIP		
21 TITLE	[ ] Change	[ ] Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE	[ ] Change	[ ] Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE	[ ] Change	[ ] Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE SR. VICE PRESIDENT, DIRECTOR	[X] Change	[ ] Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE SR. VICE PRESIDENT, TREASURER, DIRECTOR	[X] Change	[ ] Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is accurate, complete and current in all material respects as of the date specified in Section 119.07(3)(k), Florida Statutes. I further certify that the information contained in this annual report or supplemental annual report is true and correct to the best of my knowledge and belief, and shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or other agent or fiduciary 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 attached sheet with an address.

SIGNATURE: ROBERT D. BASHAM, PRESIDENT — 03/20/96 (DATE) — 813-282-1225 (DAYTIME PHONE)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT D. BASHAM

CR2E034 (12/95)