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

PROFIT CORPORATION ANNUAL REPORT

1998

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
98 APR 16 AM 11:22

DOCUMENT # P39684 (6)

1. Corporation Name
OUTBACK STEAKHOUSE, INC.

Principal Place of Business	Mailing Address
550 N. REO ST. SUITE 200 TAMPA FL 33609 US	550 N. REO ST. SUITE 200 TAMPA FL 33609 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/13/1992

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

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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

KADOW, JOSEPH
550 NORTH REO STREET
SUITE 200
TAMPA FL 33609

10. Name and Address of New Registered Agent

81 Name

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

83 100002498801--5
-04/24/98--01006--008

84 City ****150.00 FL ****150.00 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	SULLIVAN, CHRIS T		1.2 NAME		
STREET ADDRESS	550 N. REO ST., #204		1.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		1.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	BASHAM, ROBERT D		2.2 NAME		
STREET ADDRESS	550 N. REO ST., #204		2.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		2.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	3.1 TITLE	Secretary & VP	☐ Change ☐ Addition
NAME	~~SMITH, HAL~~		3.2 NAME	Kadow, Joseph J.	
STREET ADDRESS	~~900 36TH AVENUE, N.W.~~		3.3 STREET ADDRESS	550 N. Reo St., Ste 200	
CITY-ST-ZIP	~~NORMAN OK 73072~~		3.4 CITY-ST-ZIP	Tampa, FL 33609	
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	FLOM, EDWARD L		4.2 NAME		
STREET ADDRESS	550 N. REO ST., #204		4.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33690		4.4 CITY-ST-ZIP		
TITLE	SVD	☐ DELETE	5.1 TITLE	Sen. VP & Director	☒ Change ☐ Addition
NAME	GANNON, J. TIMOTHY		5.2 NAME		
STREET ADDRESS	550 N. REO ST., #204		5.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33609		5.4 CITY-ST-ZIP		
TITLE	SVTD	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	MERRITT, ROBERT S		6.2 NAME		
STREET ADDRESS	550 N. REO ST., #204		6.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		6.4 CITY-ST-ZIP		

4/20/98

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 _____ 4/13/98 383-1225

CR2E034 (10/97)