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

0399672

PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 APR 19 PM 2:41
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # **P39684**

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

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

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

3. Date Incorporated or Qualified
07/13/1992

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 the current year Intangible Personal Property Tax [ ] 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 Numbers 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 agent is a corporation — Date

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	[ ] DELETE	11 TITLE	[ ] Change [ ] Addition
NAME	SULLIVAN, CHRIS T		12 NAME	
STREET ADDRESS	550 N. REO ST., #204		13 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL		14 CITY-ST-ZIP	
TITLE	PD	[ ] DELETE	21 TITLE	[ ] Change [ ] Addition
NAME	BASHAM, ROBERT D		22 NAME	
STREET ADDRESS	550 N. REO ST., #204		23 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL		24 CITY-ST-ZIP	
TITLE	VS	[ ] DELETE	31 TITLE	[ ] Change [ ] Addition
NAME	KADOW, JOESPH J		32 NAME	
STREET ADDRESS	550 NORTH REO STREET, SUITE 200		33 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33609		34 CITY-ST-ZIP	
TITLE	D	[ ] DELETE	41 TITLE	[ ] Change [ ] Addition
NAME	FLOM, EDWARD L		42 NAME	
STREET ADDRESS	550 N. REO ST., #204		43 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33690		44 CITY-ST-ZIP	
TITLE	VD	[ ] DELETE	51 TITLE	[ ] Change [ ] Addition
NAME	GANNON, J. TIMOTHY		52 NAME	
STREET ADDRESS	550 N. REO ST., #204		53 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33609		54 CITY-ST-ZIP	
TITLE	SVTD	[ ] DELETE	61 TITLE	[ ] Change [ ] Addition
NAME	MERRITT, ROBERT S		62 NAME	
STREET ADDRESS	550 N. REO ST., #204		63 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL		64 CITY-ST-ZIP	

900002854749--6
-04/28/99--01049--002
****150.00 ****150.00

CR2E034 (11/98)

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, with all other like empowered.

SIGNATURE: _____ 4/27/99 813/282-1225
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

4/29/99

VD