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

PROFIT CORPORATION ANNU**A**L REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000058471 (2)

STEAK AROUND, INC.

| Principal Place of Business | Mailing Address | |
|-----------------------------|-------------------------------------|--|
| 4370 KING ST | 4370 KING SI ALEXANDRIA VA 22302 | |
| ALEXANDRIA VA 22302 | VS | |
| | | |

FILED Jul 21 1998 8:00am Secretary of State



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|---|---|-----------------------------------|----------------|----------------------------------|-----------------|---|--|--|
| Principal Place | of Business | Mailing Address | | | | 3 (40)(100) 110 10100 11111 10111 10111 10111 10111 10111 1111 1111 1111 1111 1111 1111 1111 1111 | | |
| 4370 KING ST ALEXANDRIA VA 22302 ALEXANDRIA VA 22302 | | | | DO NOT WRITE IN THIS SPACE | | | | |
| 203 | | /00 | | | | 3. Date Incorporated or Qualified | | |
| | | | | | | 08/19/1993 | | |
| • | ace of Business | 2a. Mailing Address | | | _ | 4. FEI Number Applied For | | |
| 21 3500 | | 26 3800 FAIRF | MY DE | 10 | <u> </u> | 59-3207116 Not Applicable | | |
| Suite, Apt. (22 5 | | Suite, Apt. #, etc. | | | | 5. Certificate of Status Desired | | |
| City & State 23 APLIAN | ton VA | City & State | | | | 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees | | |
| Zip ククラ か | Country | Zφ | Cou | , | | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No | | |
| 24 2220 | 9. Name and Address of Currer | 29 22203 | 30 0 | - | A | Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent | | |
| | | it vadistaten ydeitt | | 81 | Name | 10. Halle alla Addiosa oi iton riogistorsa Agoin | | |
| | WMAN, RAYMOND F JR. | | | | | | | |
| 150 E GLIN PARKWAY, N.E. FORT WALTON BEACH FL 32548 | | | | | Street Ac | Address (P.O. Box Number is Not Acceptable) | | |
| | | | | 83 84 | City | 85 Zip Code | | |
| | | | | | , | FL | | |
| office or re | io the provisions of Sections 607.050 egistered agent, or both, in the State in familiar with, and accept the oblig | : of Florida. Such change was | : authorize | d by | / the corpo | orporation submits this statement for the purpose of changing its registered iration's board of directors. I hereby accept the appointment as registered | | |
| SIGNATURE . | Signature, typical or printed name of registered are | est and title if applicable (NC | DIE: Bogistere | d Age | nt signature re | rquired whon reinstating) DATE | | |
| 12. | | ID DIRECTORS | 13. | | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
| TITLE | DP | DELETE | 1.1 T) | TLE | | ☐ Change ☐ Addition | | |
| NAME | MCLAUGHLIN, FRED C II | | 1.2 N | AME | | | | |
| STREET ADDRESS | 1241 GILMAN CT. | | 1.3 \$1 | TREET | ADDRESS | | | |
| CłTY-ST-ZIP | HERNDON VA | | 1.4 CI | 17 Y - S | i 1 - ZIP | | | |
| TITLE | - | ☐ DELETE | 2.1 ∏ | 2.1 TITLE | | Change Addition | | |
| NAME | | | 2.2 N | 2.2 NAME | | | | |
| STREET ADDRESS | | | 2.3 \$1 | IREET | ADDRESS | | | |
| CITY-ST-ZIP | | | | | ST-ZIP | Change Addition | | |
| TITLE | | [] DELETE | 3.1 TI | | | ☐ Change ☐ Addition | | |
| NAME | | | 3 ? N | | | | | |
| STREET ADDRESS | | | | | ADDRESS | | | |
| CITY-ST-ZIP | | | | ST-ZIP | Change Addition | | | |
| TITLE | | f"T hereig | 4.1 Ti | | | | | |
| NAME | | | 4.2 N | | ADMOLOG | | | |
| STREET ADDRESS | | | | | ADDRESS | | | |
| CITY-ST-ZIP | - | DELETE | | 4.4 CITY - S1 - ZIP 5.1 TITLE | | Change Addition | | |
| TITLE NAME | | - Descrit | 5.2 N | | | 400002594544 | | |
| STREET ADDRESS | | | | | ADDRESS | -07/21/9801092053 | | |
| CITY-ST-ZIP | | | | 5.3 STREET ADDE | | ***400.00 | | |
| TITLE | | DELETE | 6.1 71 | _ | - | Change Addition | | |
| NAME | | | 6.2 N | | | 4000025945444 | | |
| STREET ADDRESS | ŧ | | | | ADDRESS | -07/21/9801092052)ーく/ | | |
| CITY-ST. ZIP | | | 640 | (TY-5 | 57 - ZIP | ***150.00 | | |
| 14. Lhereby c | ertify that the informatish supplied v | vith this filing does not qualify | for the exi | emic | tion stated | in Section 119.07(3)(i), Florida Statutes. I further certify that the into ration | | |

indicated on this annual report of uppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that that an officer or director of the corporation or the receiver of trustice 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.