FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 20 AM 9:14

DOCUMENT # P93000060895 (8)

1. Corporation Name

THE POINT STEAKHOUSE, INC.

Principal Place of Business	Mailing Address
2600 N MILITARY TRAIL 4TH FLOOR BOCA RATON FL 33431	2600 N MILITARY TRAIL 4TH FLOOR BOCA RATON FL 33431

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/31/1993	3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0431628	☐ 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	2a. Mailing Address
21 4800 N Federal Hwy	26 4800 N Federal Hwy
Suite, Apt. #, etc. 22 Ste 300D	Suite, Apt. #, etc. 27 Ste 300 D
City & State 23 Boca Raton FL	City & State 28 Boca Raton FL
Zip 24 33431 Country 25 Palm Beach	Zip 29 33431 Country 30 Palm Beach

9. Name and Address of Current Registered Agent

BROWN, JEFF M
2600 N MILITARY TRAIL
4TH FLOOR
BOCA RATON FL 33431

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable): 4800 N Federal Hwy

83 Ste 300 D

84 City: Boca Raton FL 85 Zip Code: 33431

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 _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE		☐ Change ☐ Addition
NAME	RONEY, LORI A	12 NAME		
STREET ADDRESS	22405 CERVANTES LANE	13 STREET ADDRESS		
CITY ST ZIP	BOCA RATON FL 33428	14 CITY ST ZIP		
TITLE	D	21 TITLE		☒ Change ☐ Addition
NAME	BROWN, JEFF M	22 NAME		
STREET ADDRESS	2600 N MILITARY TRAIL	23 STREET ADDRESS	4800 N Federal Hwy Ste 300 D	
CITY ST ZIP	BOCA RATON FL 33431	24 CITY ST ZIP	Boca Raton FL 33431	
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY ST ZIP		34 CITY ST ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY ST ZIP		44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY ST ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Lori Roney LORI RONEY DIRECTOR 5/30/95 407/272-6004
SIGNATURE AND TYPED OR PRINTED NAME OF BIONIG OFFICER OR DIRECTOR — Title — Telephone Number
Director

0250975 CP