

**HIHENDED ANNUAL REPORT**  
**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

APPROVED  
AND  
FILED

98 DEC -1 PM 4: 53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # **P 95000029674**  
1. Corporation Name

**SAM'S STEAK HOUSE AT THE QUAY, INC**

Principal Place of Business <b>SUITE 310, SARASOTA QUAY SARASOTA, FLORIDA 34236</b>	Mailing Address <b>SUITE 310, SARASOTA QUAY SARASOTA, FLORIDA 34236</b>
--	--

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>APRIL 10, 1995</b>	
4. FEI Number <b>65-0865002</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 <b>SUITE 310 SARASOTA QUAY</b> Suite, Apt. #, etc. 22 City & State 23 <b>SARASOTA, FLORIDA</b> Zip 24 <b>34236</b>	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30 <b>SARASOTA</b>
---	--

9. Name and Address of Current Registered Agent

**JEFF GAREAU**  
**SUITE 310, SARASOTA QUAY**  
**SARASOTA, FL 34236**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DIRECTOR</b> <b>JOHN VERNON HADD</b> <b>13011 BOLLERIVE LANE</b> <b>ORLANDO, FL 32828</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY - ST - ZIP	<b>PRESIDENT + DIRECTOR</b> <b>JEFF GAREAU</b> <b>SUITE 310 SARASOTA QUAY</b> <b>SARASOTA, FLORIDA 34236</b>
21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>V. PRESIDENT + DIRECTOR</b> <b>CESARE TINI</b> <b>SUITE 310 SARASOTA QUAY</b> <b>SARASOTA, FLORIDA 34236</b>
31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>V. PRESIDENT</b> <b>JOHN F. NOONAN</b> <b>SUITE 310 SARASOTA QUAY</b> <b>SARASOTA, FLORIDA 34236</b>
41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>5000002703345--0</b> <b>-12/04/98--01071--002</b> <b>***62.50***</b>
51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **JOHN F. NOONAN**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**11/27/98** **944-966-6334**  
Date Daytime Phone #

CR2E034 (10/97)