

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

FILED  
May 07 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000071880 (5)

1. Corporation Name  
RUTH'S CHRIS STEAK HOUSE #16, INC.

Principal Place of Business 3321 HESSMER AVENUE METAIRIE LA 70002	Mailing Address 3321 HESSMER AVENUE METAIRIE LA 70002
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/18/1995	
21		26		4. FEI Number 72-1310138	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Applied For Not Applicable	
22		27		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23		28		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	
24	Zip	25	Country	29	30

9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				10. Name and Address of New Registered Agent	
				81	Name
				82	Street Address (P.O. Box Number is 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 applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PS	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FERTEL, RUTH			1.2 NAME	Hyde, William		
STREET ADDRESS	711 N BROAD STREET			1.3 STREET ADDRESS	Five Great Meadow Road		
CITY-ST-ZIP	NEW ORLEANS LA 70119			1.4 CITY-ST-ZIP	Locust Valley, NY		
TITLE	P	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CANGEMI, THOMAS W			2.2 NAME	Pennison, Thomas		
STREET ADDRESS	3321 HESSMER AVENUE			2.3 STREET ADDRESS	6204 Rosalie Court		
CITY-ST-ZIP	METAIRIE LA			2.4 CITY-ST-ZIP	Metairie, La 70003-2058		
TITLE	T	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	AS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CATHER, JONI			3.2 NAME	Burkart, Jaymie		
STREET ADDRESS	3321 HESSMER AVENUE			3.3 STREET ADDRESS	107 E. Field Court		
CITY-ST-ZIP	METAIRIE LA			3.4 CITY-ST-ZIP	Mandeville, LA 70471		
TITLE	VP	<input type="checkbox"/> DELETE		4.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WOLLERMAN, GARY			4.2 NAME	Wollerman, Gary		
STREET ADDRESS	3321 HESSMER AVENUE			4.3 STREET ADDRESS	4039 Vendome Place		
CITY-ST-ZIP	METAIRIE LA			4.4 CITY-ST-ZIP	New Orleans, LA 70125		
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BROOKS, PHILLIP S			5.2 NAME			
STREET ADDRESS	3321 HESSMER AVENUE			5.3 STREET ADDRESS			
CITY-ST-ZIP	METAIRIE LA 70002			5.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		6.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RYDER, JAMES EDWARD			6.2 NAME	Ryder, James		
STREET ADDRESS	3321 HESSMER AVENUE			6.3 STREET ADDRESS	4144 Montrachet Drive		
CITY-ST-ZIP	METAIRIE LA 70002			6.4 CITY-ST-ZIP	Kenner, La		

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:

*Jaymie Burkart*

CR2E034 (10/97)