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Mar 06 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000066978 (3)

1. Corporation Name
STOCKYARD STEAKS, INC.



Principal Place of Business

C/O CASELLA-MCMICHAEL, P.A.
1432 FIRST ST SUITE C
SARASOTA FL 34236

Mailing Address

C/O CASELLA-MCMICHAEL, P.A.
1432 FIRST ST SUITE C
SARASOTA FL 34236-5700

3. Date Incorporated or Qualified

08/13/1996

3a. Date of Last Report

2. Principal Place of Business

21 4041 Cattlemen Road
Suite, Apt. #, etc.

2a. Mailing Address

26 4041 Cattlemen Rd
Suite, Apt. #, etc.

4. FEI Number

65-0714393

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

City & State

23 Sarasota, Florida

City & State

28 Sarasota, Florida

Zip

24 34233

Country

25 Sarasota

Zip

29 34233

Country

30 Sarasota

9. Name and Address of Current Registered Agent

CASELLA, ROBERT M
1432 FIRST ST
SUITE C
SARASOTA FL 34236
CARL VAN HOOSE
4041 Cattlemen Road
Sarasota, Florida 34233

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 4041 CATTLEMEN ROAD
84 City
SARASOTA FL 85 Zip Code
34233

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 607.1509, Florida Statutes.

SIGNATURE

Signature of registered agent and title (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

8/27/97

12. OFFICERS AND DIRECTORS

TITLE	D	DELETE
NAME	BHALOO, SHAMS H	
STREET ADDRESS	4041 CATTLEMEN RD	
CITY - ST - ZIP	SARASOTA FL 34233	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Change	Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		
2.1 TITLE	Change	Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE	Change	Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE	Change	Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE	Change	Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE	Change	Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do 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: Shams H Bhaloo, President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-21-97

941-378-9699

Date Daytime Phone

CR2E034 (9/96)