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

PROFIT CORPORATION ANN JAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90113 049 ***150.00

) (1940) 96. (16. (1946) 96.(1. **9**6.(1. 96.(1. 96.(1. 96.(1. 96.(1. 96.(1. 96.(1. 96.(1. 96.(1. 96.(1. 96.(1

DOCUMENT #	P96000066978
4 6 2 4 4 4 4 4	1 0000000000000000000000000000000000000

1. Corporation Name

STOCKYARD STEAKS, INC.

						IA 1864 186	
Principal Place	e of Business	Mailing Address					
4041 CATTLEM		4041 CATTLEMEN RD					
SARASOTA FL 34236 1432 FIRST SUITE-C		2.4		DO NOT WRITE IN THIS SPACE			
US		SARASOTA FL 34236 3442- US	2)		3. Date Incorporated or Qualifed		
		50			08/13/1996		l
2 Principal P	lace of Business	2a. Mailing Address			4. FEI Number	TIA	ppl ed For
-	iace of positiess		P	1	65-0714393		lot Applicable
21 Suite, Act.	# etc	Suite, Apt. #, etc.	en c	<u> </u>			Additional
	#, BIG.	27			5. Certificate of Status Desired	•	lequired
City & Stat	Δ	City & State			6. Election Campaign Financing	\$5.00	Nay Be
23		28 SAVASOTA			Trust Fund Contribution		to Fees
Zip	Country	Zip	Countr	у	8. This co poration owes the current year littar	ngible	
24	25	29 5 34233 30	1 4 S	araseth	_ = 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	Yes	€\$No
	9. Name and Address of Current	- Lil	7		10. Name and Address of New Registered A	gent	
			81	Name			
	L van hoose		-	Ctroot A d d	irons (D.O. Roy Number is Not Acceptable)		
4041	I CATTLEMEN RD		82	Street Add	iress (P.O. Box Number is Not Acceptable)		
	TE C		83				
SAR	ASOTA FL 34238- 34233		ļ			I I	
•			84	City	FL	85 Zip	Code
11 Pursuant	to the provisions of Sections 607 0502	and 607.1508. Florida Statutes.	the abov	/e-named corr	poration submits this statement for the purpose of c	nanging it	s registered
office crr	enistered agent, or both, in the State of	if Florida. Such change was autho	orized by	the corporati	ion's board of cirectors. I hereby accept the appoint	ment as r	eg stered
agent. i a	m familiar with, and accept the obligati			_	4/2/9	Q	ľ
SIGNATUFE	Signature, typed or printed na ne of registered agent	and title if applicable. (NOT :: Rec	distered Age	nt signature regi in	ed when reinstating) DATE		
12.	OFFICERS AND		13.	······································	ADDITIONS/CHANGES TO OFFICERS AND	DIRECT	ORS IN 12
TITLE	D	☐ DELETE	1.1 TITLE			Change	Addition
NAME	BHALOO, SHAMS H		1.2 NAME			-	
STREET ADDRESS	7117 PINE NEEDLE RD		1.3 STREE	T ADDRESS	1204 Hillview Drive Sarasota, Florida 34239		
CITY-ST-ZIP	SARASOTA FL 34242		1.4 CITY-5	ST-ZIP	Saraseta, Florida 34239		ì
TITLE		☐ DELETE	2.1 TITLE			Change	Addition
NAME			2.2 NAME				1
STREET ADDRI-SS				ET ADDRESS			1
			2. 4 CITY-			-	
TITLE		☐ DELETE	3.1 TITLE	01 211		Change	Addition
NAME			32 NAME			-	{
			1	T ADDRESS			İ
STREET ADDR :SS			3.4. CITY-				}
TITLE		DELETE	4.1 TITLE	U11211		☐ Change	Addition
			4. 2 NAME				
NAME	}			T ADDRESS			i
STREET ADDRESS				ĺ			
CITY-ST-ZIP		☐ DELETE	4.4 CITY-1	51-∐P		Change	Addition
nn.e	[€ DETEN	5.2 NAME				
NAME				ET ADDRESS			1
STREET ADDRESS			i i				j
CITY-ST-ZIP		□ DELETE	6.1 TITLE	51-4P		Change	Addition
TITLE		☐ DELETÉ	6.2 NAME			Change	L Addition
NAME			•	,			
STREET ADDF ESS			6.3 STREE	ET ADDRESS			1

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.(7(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 signst true shall have the same legal effect as if made under oath; that am an office 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 change d, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Shams H. Bhalos

(941) 378-969 9