

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

FILED
May 12 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000088388 (9)**

1. Corporation Name

HMS STEAKHOUSE OF CLEARWATER, INC.



Principal Place of Business

**18409 US HIGHWAY 19 NO
CLEARWATER FL 34624**

Mailing Address

**18409 US HIGHWAY 19 NO
CLEARWATER FL 34624-1740**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

4744 N. DALE MABRY

TAMPA, FL

33614

USA

3. Date Incorporated or Qualified

10/25/1996

3a. Date of Last Report

4. FEI Number

59-3410473

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

9. Name and Address of Current Registered Agent

**JOHNSON, TIMOTHY A JR.
911 CHESTNUT ST.
CLEARWATER FL 34616**

10. Name and Address of New Registered Agent

81 Name **HAROLD J. SELTZER**

82 Street Address (P.O. Box Number is Not Acceptable)
4744 N. DALE MABRY

83

84 City

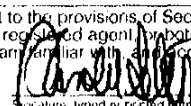
TAMPA

FL

85 Zip Code
33614

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, 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



HAROLD SELTZER

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

April 25/97

12. OFFICERS AND DIRECTORS

TITLE **PRESIDENT + TREASURER + DIRECTOR** ☐ DELETE

NAME **HAROLD J. SELTZER**

STREET ADDRESS **4744 N. DALE MABRY**

CITY - ST - ZIP **TAMPA, FL. 33614**

TITLE **VICE PRESIDENT & SECRETARY & DIRECTOR** ☐ DELETE

NAME **MICHAEL SELTZER**

STREET ADDRESS **6705 COTE DE LIESSE**

CITY - ST - ZIP **ST. LAURENT, QUEBEC, CANADA H4T 1E5**

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

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

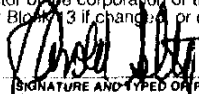
6.2 NAME

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:



HAROLD SELTZER

Signature and typed or printed name of signing officer or director

April 25/97

Date

813-873-7267

Daytime Phone #

CR2E034 (9/96)