

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

FILED

98 FEB 12 AM 10:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

DOCUMENT # P96000088388 (9)

1. Corporation Name

HMS STEAKHOUSE OF CLEARWATER, INC.

Principal Place of Business

18400 US HIGHWAY 19 NO  
CLEARWATER FL 34624

Mailing Address

4744 N DALE MABRY  
TAMPA FL 33614  
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 400 N. Ashley Dr.

Suite, Apt. #, etc.

27 Suite 2300

28 City & State

Tampa, FL

29 Zip

33602

30 Country

3. Date Incorporated or Qualified

10/25/1996

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

SELTZER, HAROLD J  
4744 N DALE MABRY  
TAMPA FL 33616

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

TITLE PTD  
NAME SELTZER, HAROLD J  
STREET ADDRESS 4744 N DALE MABRY  
CITY-ST-ZIP TAMPA FL

☐ DELETE

TITLE VPSD  
NAME SELTZER, MICHAEL  
STREET ADDRESS 6705 COTE DE LIESSE  
CITY-ST-ZIP ST LAURENT QUEBEC CA

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE PDT  
12 NAME Seltzer, Harold  
13 STREET ADDRESS 4744 N Dale Mabry  
14 CITY-ST-ZIP Tampa FL 33614

☐ Change ☒ Addition

21 TITLE VPSD  
22 NAME Seltzer, Michael  
23 STREET ADDRESS 6705 Cote De Liesse  
24 CITY-ST-ZIP St. Laurent, Quebec, Canada H4T 1E5

☐ Change ☒ Addition

31 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP

☐ Change ☐ Addition

41 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

☐ Change ☐ Addition

51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

☐ Change ☐ Addition

61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 CITY-ST-ZIP

☐ Change ☐ 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 in an attachment with an address.

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\*\*\*\*750.00 \*\*\*\*150.00

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813-873-7267