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May 14 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 # P96000099257 (3)
1. Corporation Name

MAJORS STEAKHOUSE OF FT. LAUDERDALE, INC.

Principal Place of Business
1245 NORTH FEDERAL HIGHWAY
FT. LAUDERDALE FL 33304

Mailing Address
1245 NORTH FEDERAL HIGHWAY
FT. LAUDERDALE FL 33304-1425



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/09/1996		3a. Date of Last Report	
21 Suite, Apt. #, etc.		26 700 WILLIS AVE.		4. FEI Number 65-0741746		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 WILLISTON PARK NY		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 11596		30 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

POLL, DEAN
10205 COLLINS AVE., APT. 1707
BAL HARBOUR FL 33154

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

FL

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 re-signing) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POLL, DEAN	1.2 NAME	
STREET ADDRESS	10205 COLLINS AVE.	1.3 STREET ADDRESS	700 WILLIS AVE.
CITY-ST-ZIP	BAL HARBOUR FL 33154	1.4 CITY-ST-ZIP	WILLISTON PARK NY 11596
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POLL, GILLIS	2.2 NAME	
STREET ADDRESS	700 WILLIS AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	WILLISTON PARK NY 11596	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POLL, GEORGE	3.2 NAME	
STREET ADDRESS	700 WILLIS AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	WILLISTON PARK NY 11596	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: _____

4/25/97

(516)742-4433

CR2E034 (9/96)