

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

FILED

Feb 17 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P97000031928 (9)

1. Corporation Name  
THE ORIGINAL PHILLIE STEAK COMPANY

Principal Place of Business  
14916 PAR CLUB CIRCLE  
TAMPA FL 33611

Mailing Address  
14916 PAR CLUB CIRCLE  
TAMPA FL 33611



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 16111 N. GLENN Suite, Apt. #, etc. 22 City & State 23 Tampa, FL Zip 24 33618		2a. Mailing Address 26 417 N. Village Circle Suite, Apt. #, etc. 27 City & State 28 Columbia, MO Zip 29 65203 County 30 Boone		3. Date Incorporated or Qualified 04/10/1997	
9. Name and Address of Current Registered Agent VASATURO, ROBERT D 14916 PAR CLUB CIRCLE TAMPA FL 33611		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 FL 86 Zip Code M.L. McLaughlin 16111 North Glenn Tampa FL 33618			

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 M.L. McLaughlin - Vice-President & Director

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	P - D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	D.K. McLaughlin
STREET ADDRESS		1.3 STREET ADDRESS	417 North Village Circle
CITY - ST - ZIP		1.4 CITY - ST - ZIP	Columbia, MO 65203
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	V - D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	M.L. McLaughlin
STREET ADDRESS		2.3 STREET ADDRESS	16111 North Glenn
CITY - ST - ZIP		2.4 CITY - ST - ZIP	Tampa, FL 33618
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	S-T - O <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	BARBARA McLaughlin
STREET ADDRESS		3.3 STREET ADDRESS	417 North Village Circle
CITY - ST - ZIP		3.4 CITY - ST - ZIP	Columbia, MO 65203
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	6.1 TITLE	000002433240 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	-02/17/98--01035--033
STREET ADDRESS		6.3 STREET ADDRESS	***158.75
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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 on an attachment with an address.

SIGNATURE: Barbara McLaughlin

1/22/98 (573) 815-1120

CR2E034 (10/97)