


AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Jul 26, 1999 8:00 am
Secretary of State

07-26-1999 90008 005 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # S30895 ✓ 1. Corporation Name 8132 STEAKHOUSE, INC.			
Principal Place of Business 8132 TROUT RIVER DR JACKSONVILLE FL 32208		Mailing Address 8132 TROUT RIVER DR JACKSONVILLE FL 32208	
2. Principal Place of Business 21 21 Suite, Apt. #, etc. 22 22 City & State 23 23 Zip 24 24		2a. Mailing Address 26 26 Suite, Apt. #, etc. 27 27 City & State 28 28 Zip 29 29	
3. Date Incorporated or Qualified 02/08/1991		4. FEI Number 59-3047027	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No		8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent HOPPER, MORRIS THOMAS 7635 EATON AVENUE JACKSONVILLE FL 32211		10. Name and Address of New Registered Agent 81 Name HOPPER MORRIS THOMAS 82 Street Address (P.O. Box Number is Not Acceptable) 9191 103 Rd 83 JACKSONVILLE FLA 84 City 32210 FL 85 Zip Code 32210	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
12. OFFICERS AND DIRECTORS TITLE DPT <input type="checkbox"/> DELETE NAME HOPPER, MORRIS THOMAS STREET ADDRESS 7635 EATON AVE. CITY-ST-ZIP JACKSONVILLE FL		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE DPT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME HOPPER MORRIS THOMAS 1.3 STREET ADDRESS 9191 103 Rd St 1.4 CITY-ST-ZIP JAX FLA 32210	
TITLE DS <input type="checkbox"/> DELETE NAME LANCASTER, CHARLES STREET ADDRESS 14616 PLUMOSA DR. CITY-ST-ZIP JACKSONVILLE BCH FL		2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 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: SIGNATURE REQUIRED Morris J Hopper 7-31-99 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			



DO NOT WRITE IN THIS SPACE

CR2E034 (5/99)