

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 17 AM 11:57

DOCUMENT # **S94140** (8)

1. Corporation Name

STEAKHOUSE VENTURES OF FLORIDA, INC.

Principal Place of Business

2055 N DALE MABRY HWY
TAMPA FL 33607

Mailing Address

2055 N DALE MABRY HWY
TAMPA FL 33607

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **11/13/1991** 3a. Date of Last Report **06/15/1994**

4. FEI Number **59-3093313** 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**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business

21

2a. Mailing Address

26

State, Apt. #, etc.

State, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**ALTERMAN, ROBERT
15856 SANCTUARY DR.
TAMPA FL 33647**

10. Name and Address of Now 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 607.0902 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 Sections 607.0905, Florida Statutes.

SIGNATURE

Signature of Registered Agent (Type or Print Name)

Signature of Agent (Type or Print Name)

12. OFFICERS AND DIRECTORS

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

1. NAME: **PSD ALTERMAN, ROBERT**
2. STREET ADDRESS: **15856 SANCTUARY DR.**
3. CITY, STATE, ZIP: **TAMPA FL**

1. NAME: _____ Change Addition
2. STREET ADDRESS: _____
3. CITY, STATE, ZIP: **33647**

1. NAME: **TD ROBINSON, GARY**
2. STREET ADDRESS: **132 E DELAWARE APT 5808**
3. CITY, STATE, ZIP: **CHICAGO IL**

1. NAME: _____ Change Addition
2. STREET ADDRESS: _____
3. CITY, STATE, ZIP: **60611**

1. NAME: _____
2. STREET ADDRESS: _____
3. CITY, STATE, ZIP: _____

1. NAME: _____ Change Addition
2. STREET ADDRESS: _____
3. CITY, STATE, ZIP: _____

1. NAME: _____
2. STREET ADDRESS: _____
3. CITY, STATE, ZIP: _____

1. NAME: _____ Change Addition
2. STREET ADDRESS: _____
3. CITY, STATE, ZIP: _____

1. NAME: _____
2. STREET ADDRESS: _____
3. CITY, STATE, ZIP: _____

1. NAME: _____ Change Addition
2. STREET ADDRESS: _____
3. CITY, STATE, ZIP: _____

1. NAME: _____
2. STREET ADDRESS: _____
3. CITY, STATE, ZIP: _____

1. NAME: _____ Change Addition
2. STREET ADDRESS: _____
3. CITY, STATE, ZIP: _____

14. I, the undersigned, certify that the information requested with this filing is voluntarily furnished and drawn out equitably for the reasons stated in Section 199.032, Florida Statutes. I further certify that the information requested 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 in such capacity. I am an officer or director of this corporation or the person or holder empowered to execute this report as required by Chapter 607, Florida Statutes, and that my duties as provided in Block 12 of this report are set forth in an attachment with an address.

SIGNATURE: *Robert Alterman* **ROBERT ALTERMAN**

11/1/95

813-978-8811