SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1995

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

FILED
1995 JUL 27 AM 10:18
TALLAHASSEE, FLORIDA

DOCUMENT # **S97388** **(0)**

1. Corporation Name

STEAK HOUSES OF HOMESTEAD INC.

Principal Place of Business	Mailing Address
113 S. HOMESTEAD BLVD. HOMESTEAD FL 33030 US	113 S. HOMESTEAD BLVD. HOMESTEAD FL 33030 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/03/1991	3a. Date of Last Report: 04/18/1994
4. FEI Number: 65-0301439	☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21	26 c/o Don Strock
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 925 Hunting Ridge Dr.
City & State 23	City & State 28 Miami Springs, Florida
Zip 24 / Country 25	Zip 29 33166 / Country 30 U.S.A.

9. Name and Address of Current Registered Agent

WILLIAMS, KENT
113 S. HOMESTEAD BLVD.
HOMESTEAD FL 33030

10. Name and Address of New Registered Agent

81 Name: Don Strock
82 Street Address (P.O. Box Number is Not Acceptable): 925 Hunting Ridge Drive
83
84 City: Miami Springs, FL 85 Zip Code: 33166

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: Don STROCK, President — DATE: 7/22/95
Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE	D	11 TITLE	XX Change ☐ Addition
NAME	WILLIAMS, KENT	12 NAME	OUT
STREET ADDRESS	113 S. HOMESTEAD BLVD.	13 STREET ADDRESS	
CITY ST ZIP	HOMESTEAD FL	14 CITY ST ZIP	
TITLE	D	21 TITLE	XX Change ☐ Addition
NAME	STROCK, DON	22 NAME	Pres/D Strock, Don
STREET ADDRESS	113 S. HOMESTEAD BLVD.	23 STREET ADDRESS	925 Hunting Ridge Drive
CITY ST ZIP	HOMESTEAD FL	24 CITY ST ZIP	Miami Springs, FL 33166
TITLE		31 TITLE	☐ Change XX Addition VP/D
NAME		32 NAME	Marino, Dan
STREET ADDRESS		33 STREET ADDRESS	27770 Stirrup Lane
CITY ST ZIP		34 CITY ST ZIP	Ft. Lauderdale, FL 33326
TITLE		41 TITLE	☐ Change XX Addition VP/D
NAME		42 NAME	Stevens, Gary
STREET ADDRESS		43 STREET ADDRESS	861 Waterview Drive
CITY ST ZIP		44 CITY ST ZIP	Ft. Lauderdale, FL 33326
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

CR2E034 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Donald J. Strock — June 27, 1995 — (305) 887-7736
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0031803 CP