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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED May 10, 1999 8:00 am Secretary of State

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1. Corporation Name

ROADHOUSE RESTAURANTS, INC.

Principal Place	e of Business	Mailing Address					
% G.T. MCDONALD ENTER.			% G.T. MCDONALD ENTER.				
7951 S.W. 6TH STREET. #112		7951 S.W. 6TH STREET. #112			DO NOT WRITE IN THIS	SPACE	
PLANTATION FL 33324		PERMITATION PE 33024	PLANTATION FL 33324		3. Date Incorporated or Qualifed		
					09/11/1992		
3 Deigoinal Di	ace of Pusinose	2a. Mailing Address			4. FEI Number		Applied For
2. Principal Place of Business		- <u> </u>	⊢ ·		65-0382405	<u> </u>	Not Applicable
21		Suite, Apt. #, etc.	Suite Ant # etc		03 0002403		Additional
Suite, Apt. #, etc.		<u> </u>			5. Certifcate of Status Desired	,	Required
22		City & State	City & State		6 Floring Commiss Financing	\$5.00	N May Bo
City & State	e				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
23	Country	Zip	Cou	ntry	8. This corporation owes the current year Ir		
Zip		├ ──	30		Personal Property Tax.	Yes	□No
24	25	29	[30]		10. Name and Address of New Registered	/ >	
	9. Name and Address of Curren	it Registered Agent		81 Name			
COR	PORATION SERVICE COMPANY		Ì				
	HAYS STREET			82 Street Add	fress (P.O. Box Number is Not Acceptable)		
	AHASSEE FL 32301			92			
IALL	ALIAGOEE I E UZGUT			83			
				84 City		85 Zip	Code
				i l ´	poration submits this statement for the purpose of	<u>- </u>	
agent. I ai	to the provisions of sections of 1990 egistered agent, or both, in the State m familiar with, and accept the obliga	tions of, Section 607.0505, Flo	orida Stati	ites.			
agent. I a	m familiar with, and accept the obligation	tions of, Section 607.0505, Flo	orida Stati	Ites. Agent signature require			
agent. I a	m familiar with, and accept the obligation of support o	tions of, Section 607.0505, Flo	orida Stati	utes.		ND DIRECT	
agent. I a	m familiar with, and accept the obligation of support o	nt and title if applicable (NOTE	: Registered	Agent signature require	red when reinstating) DATE		
agent. I at SIGNATURE 12.	m familiar with, and accept the obliga Signature, typed or printed name of registered age OFFICERS AN	nt and title if applicable (NOTE	: Registered	Agent signature require	red when reinstating) DATE	ND DIRECT	
agent. I at SIGNATURE 12.	m familiar with, and accept the obligation of th	nt and title if applicable (NOTE	Registered 13. 1.1 TIT	Agent signature require	red when reinstating) DATE	ND DIRECT	
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1. Thereby certify that the information supplied with this hilling does not qualify in the exemptor stated in Section 175.07(), find a Section 175

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/99

954) 475-\$332 Dayling Priors #