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

Apr 13 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # (8)FOREMAN'S STEAKHOUSE, INC. Principal Place of Business Mailing Address 1940 HWY A1A 1940 HWY A1A INDIAN HARBOUR BCH FL 32937 INDIAN HARBOR BCH FL 32937 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/12/1992 Applied For 2. Principal Place of Business 2a. Mailing Address 4. FEI Numba 21 59-3153232 Not Applicable 26 Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Added to Fees 28 Trust Fund Contribution Zip Country Country 8. This corporation owes or has paid the current year Intangible Yes 24 29 30 Personal Property Tax due June 30. ☐ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 FOREMAN, ROBERT E 1395 HWY A1A, APT. 202 82 Street Address (P.O. Box Number is Not Acceptable) 1395 HWY, A1A, UNIT 202 83 SATELLITE BEACH FL 32937 City Zip Code 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typod or printed name of registered agent and bite if applicable (NOTE: flegistered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 13. PTD DELETE Change Addition TITLE 1.1 HTLE FOREMAN, KAREN J. NAME 1.2 NAME 1395 HWY A1A, #202 1.3 STREET ADDRESS STREET ADDRESS SATELLITE BEACH FL CHTY-ST-ZIP 1.4 CITY-ST-7IP Change DELETE Addition 2.1 THLE TITLE FOREMAN, ROBERT E. 2.2 NAME NAME 1395 HWY A1A, #202 STREET ADDRESS 2.3 STREET ADDRESS SATELLITE BEACH FL CITY-ST-ZIP 2.4 CITY-S1-ZIP DELETE Change Addition TITLE 3.1 TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP TITLE DELETE 4.1 THEE Change Addition 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CHY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 6.1 TITLE TITLE NAME 62 NAME 6.3 STREET ADDRESS STREET ADDRESS

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 it or 19 logic.

FILED