

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

**FILED**

**Jan 23 1997 8:00am  
Secretary of State**

PROFIT CORPORATION  
ANNUAL REPORT  
**1997**



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

**DOCUMENT # H77974 (4)**

1. Corporation Name  
**FAMILY STEAK HOUSES OF FLORIDA, INC.**



Principal Place of Business  
**% EDWARD B ALEXANDER  
2113 FLORIDA BLVD., SUITE A  
NEPTUNE BEACH FL 32266**

Mailing Address  
**2113 FLORIDA BLVD.  
NEPTUNE BEACH FL 32266-1606  
US**

2. Principal Place of Business  
21  
Suite, Apt. #, etc.  
22  
City & State  
23  
Zip  
Country  
24

2a. Mailing Address  
26  
Suite, Apt. #, etc.  
27  
City & State  
28  
Zip  
Country  
29  
30

3. Date Incorporated or Qualified  
**09/26/1985**

3a. Date of Last Report  
**03/06/1996**

4. FEI Number  
**59-2597349**

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

9. Name and Address of Current Registered Agent  
**ALEXANDER, EDWARD B  
2113 FLORIDA BOUVELARD  
NEPTUNE BEACH FL 32266**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code  
**FL**

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's signature required when re-registering) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	MARTIN, ROBERT J.	
STREET ADDRESS	2113 FLORIDA BLVD	
CITY-ST-ZIP	NEPTUNE BCH FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	CHRISTMAN, LEWIS E JR.	
STREET ADDRESS	2113 FLORIDA BLD.	
CITY-ST-ZIP	NEPTUNE BCH FL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	SCOTT, ROBERT	
STREET ADDRESS	2113 FLORIDA BLVD	
CITY-ST-ZIP	NEPTUNE BEACH FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	ALEXANDER, EDWARD B.	
STREET ADDRESS	2113 FLORIDA BLVD. #A	
CITY-ST-ZIP	NEPTUNE BEACH FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	SMITH, WILLIAM S JR.	
STREET ADDRESS	2113 FLORIDA BLVD	
CITY-ST-ZIP	NEPTUNE BEACH FL 32266	
TITLE	Watters, Michael J.	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 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	
4.1 TITLE	Vice President Finance & CFO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	000002065570
5.3 STREET ADDRESS	-01/23/97--01010--008
5.4 CITY-ST-ZIP	***330.00
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Secretary Watters, Michael J.
6.3 STREET ADDRESS	2113 Florida Blvd.
6.4 CITY-ST-ZIP	Neptune Beach, FL 32266

14. I do 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: Edward B. Alexander Edward B. Alexander 1-2-97 904-249-4197

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)

1/23/97