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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **P31265** (2)
1. Corporation Name
BRINKER FLORIDA, INC.

Principal Place of Business	Mailing Address
6820 LBJ FREEWAY SUITE 200 DALLAS TX 75240	6820 LBJ FREEWAY SUITE 200 DALLAS TX 75240

DO NOT WRITE IN THIS SPACE.

21	22	26	27
2. Principal Place of Business	Suite, Apt. #, etc.	2a. Mailing Address	Suite, Apt. #, etc.
23	24	28	29
City & State	Zip	City & State	Zip

3. Date Incorporated or Qualified	3a. Date of Last Report
10/08/1990	05/01/1994
4. FEI Number	Applied For
75-2345082	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	Yes <input type="checkbox"/> No <input type="checkbox"/>

9. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

B1	Name
B2	Street Address (P.O. Box Number is Not Acceptable)
B3	
B4	City
B5	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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PDCO
NAME	MCDUGALL, RONALD A.
STREET ADDRESS	6820 LBJ FREEWAY STE 200
CITY - ST - ZIP	DALLAS TX
TITLE	VCFO
NAME	SMITHART, DEBRA
STREET ADDRESS	6820 LBJ FREEWAY, STE200
CITY - ST - ZIP	DALLAS TX
TITLE	SV
NAME	THOMSON, ROGER F
STREET ADDRESS	6820 LBJ FREEWAY STE 200
CITY - ST - ZIP	DALLAS TX
TITLE	AT
NAME	SONSTEBY, CHARLES M.
STREET ADDRESS	6820 LBJ FREEWAY STE 200
CITY - ST - ZIP	DALLAS TX
TITLE	V
NAME	OWENS, RUSSELL G
STREET ADDRESS	6820 LBJ FRWY
CITY - ST - ZIP	DALLAS TX
TITLE	V
NAME	BRADDOCK, MARVIN T
STREET ADDRESS	6820 LBJ FRWY
CITY - ST - ZIP	DALLAS TX

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	V.P./A.S.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Jay Tobin	
1.3 STREET ADDRESS	6820 LBJ FREEWAY	
1.4 CITY - ST - ZIP	Dallas, TX 75240	
2.1 TITLE	Pres/VCFO/Dir.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE	EXEC. V.P./Secr./Dir	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE	VP/AT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE	SR.V.P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE	A.S.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Barbara Mahoney	
6.3 STREET ADDRESS	6820 LBJ Freeway	
6.4 CITY - ST - ZIP	Dallas, Texas 75240	

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 110.07(3)(b), Florida Statutes. I further certify that the information included 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: *Charles M. Sonstebly* **Charles M. Sonstebly** 4-26-95 (614) 770-8824
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Phone #)