FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

P93000087919 (5)

DOCUMENT #	P930000879
CHINA GRILL MAN	AGEMENT, INC.

CHINA GRILL MANAGEMENT, INC.					
Principal Place of	Business	Mailing Address		* (
•		4651 SHERIDAN S	TREET		
4651 SHERIDAN STREET SUITE 305 HOLLYWOOD FL 33021 HOLLYWOOD FL 33021					
		33021	3. Date incorporated or Qualified 3a 12/27/1993	n. Date of Last Report 06/12/1995	
	- Finance	2a. Mailing Address		4. FEI Number	Applied For
2. Principal Place	e of Business	26		65-0460112	Not Applicable
Suite, Apt. #,	etc	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
2)		City & State		6. Election Campaign Financing	\$5.00 May Be
City & State		28		Trust Fund Contribution	Added to 1 6c3
Zip	Country	Zip	Country	8. This corporation has liability for intar	ngible tax under s. 199.032, →
1	25	29	30	Fiorida Statutes Yes	
1	9. Name and Address of Current			10. Name and Address of New Regi	stered Agent
			81 Name		
-	PROW, JEFFREY		82 Street Add	ress (P.O. Box Number is Not Acceptable)	
	HERIDAN ST.		83		
SUITE 3					85 Zip Code
	WOOD FL 33021		84 City	oration submits this statement for the purpor and of directors. Thereby accept the appoint	FL
SIGNATURE	ignatum, typod or printed hizri c of registers 1 d.jis l OFFICERS ANI	D DIRECTORS	(NCH) Registered April signal are requir 13.	ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTORS IN 12 Change Addition
TITLE	DP	DELETE	1 1 TITLE		[] Glange [] Admini
NAME	CHODOROW, JEFFREY		1.2 NAME		
STREET ADDRESS	19355 THURNBERRY WAY		1.3 STREET ADDRESS		
CITY - ST - ZIP	N. MIAMI BCH. FL		1 4 CHY - ST - ZIP		Change Addition
TITLE	DV	☐ DELETE	2 1 T TLF		
KAME	CHODOROW, LUDA		2.2 NAME		
STREET ADDRESS	19355 TURNBERRY WAY		23 STREET ADDRESS		
CITY - ST - ZIP	N. MIAMI BCH. FL		2 4 CHY - ST - ZIP		Change Addition
TITLE	DV	☐ DEVETE	3 1 IDLE 3 2 NAME		
NAME	POLSENBERG, JACK		3.3 STREET ADURESS		
STREET ADDRESS	4 GARTLEY DR.		3.3 STREET ADJUNESS		
C(TY - ST - ZIP	NEWTOWN SQUARE PA	DELETE	4 1 HTLE		☐ Change ☐ Addition
TITLE		المالية	4 2 NAME		
NAME			43 STREET ADDRESS		
STREET ADDRESS			4.4 CITY - ST-ZIP		
CiTY-ST-ZIP		DELETE			Change Addition
THILE		-	5.2 NAME		
NAME OTOGEN ADDRESSE			5.3 STREET ADDRESS		
STREET ADDRESS			5.4 CITY - ST - 2iP		
CITY - S! - ZIP TITLE		DELETE			☐ Change ☐ Addition
			6.2 NAME		
NAME CARCET ARRESES	1		6.3 STREET ACCRESS		
STREET ADDRESS		/	C 4 C/TV C1 7/0		
CITY - ST - ZIP	1 1			ly for the exemption stated in Section 119.0	rzravia. Florida Statutes I further

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Soction 119.07(3)(k). 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 certify that I am an office for 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 of Block 13 if changed, or on as attachment with an address

SIGNATURE: (

SONATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR