

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 519481

(6)

1. Corporation Name

C & H GRILLE OF TAMARAC, INC.



Principal Place of Business

4800 SW 64TH AVE #106  
DAVIE FL 33314  
US

Mailing Address

4800 SW 64TH AVE #106  
DAVIE FL 33314  
US

3. Date Incorporated or Qualified

12/01/1976

3a. Date of Last Report

04/25/1995

2. Principal Place of Business

2a. Mailing Address

21 11306 N.W. 15th Ct

26 P.O. Box 292157

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 PEMBROKE PINES, FL.

28 DAVIE, FL.

Zip

Country

Zip

Country

24 33026

25 45.

29 33329-2157

30 US

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

10. Name and Address of New Registered Agent

KIROUAC, EDMOND

4800 S.W. 64TH AVE., SUITE 106

#106

DAVIE FL 33314

81 Name

SAME

82 Street Address (P.O. Box Number is Not Acceptable)

11306 N.W. 15th Ct.

83

84

City PEMBROKE PINES

FL

85 Zip Code

33026

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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	KIROUAC, EDMOND F.	
STREET ADDRESS	10461 NW 18TH DR	
CITY - ST - ZIP	PLANTATION FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	KIROUAC, VIRGINIA	
STREET ADDRESS	10461 N.W. 18TH DR.	
CITY - ST - ZIP	PLANTATION FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	WELLER, MARINA	
STREET ADDRESS	9384 N.W. 8TH CR.	
CITY - ST - ZIP	PLANTATION FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	SAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	11306 N.W. 15th Ct.	
1.3 STREET ADDRESS	PEMBROKE PINES, FL	
1.4 CITY - ST - ZIP	33026	
2.1 TITLE	SAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	11306 N.W. 15th Ct.	
2.3 STREET ADDRESS	PEMBROKE PINES, FL	
2.4 CITY - ST - ZIP	33026	
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		<input 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		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

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 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 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

MARINA WELLER

MARINA WELLER

4/19/96

934-431-5189

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DATE OF FILING

CR2E034 (12/95)