

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 # H36664

(1)

1. Corporation Name

C & H GRILLE OF DAVIE, INC.



Principal Place of Business

Mailing Address

4800 S.W. 84TH AVE.
SUITE 100
DAVIE FL 33314
US

4800 S.W. 84TH AVE.
SUITE 100
DAVIE FL 33314
US

3. Date Incorporated or Qualified
12/31/1984

3a. Date of Last Report
04/25/1995

2. Principal Place of Business

2a. Mailing Address

21 11306 N.W. 15 CT.

26 P.O. Box 292157

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

PEMBROKE PINES, FL.

28 City & State

DAVIE, FL.

24 Zip

33026

Country

25 US

29 Zip

33329-2157

Country

30 US

4. FEI Number

59-2545780

Applied For

Not Applicable

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. 84TH AVE., SUITE 100
SUITE 100
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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

DST

WELLER, MARINA

9384 N.W. 8TH CIRCLE

PLANTATION FL

DELETE

OK.

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

P

KIROUAC, EDMOND F.

10461 NW 18TH DR.

PLANTATION FL

DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

VD

KIROUAC, VIRGINIA

10461 N.W. 18TH DR.

PLANTATION FL

DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

DELETE

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 WELER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WELLER

DATE

4/19/96

DAYTIME PHONE

954-430-5189

CR2E034 (12/95)