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Apr 29 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 # H36664

(1)

1. Corporation Name

C & H GRILLE OF DAVIE, INC.



Principal Place of Business

11306 NW 15TH CT
~~DAVIE FL~~
PEMBROKE PIENS FL 33026
US

Mailing Address

P O BNOX 292157
~~DAVIE FL~~
DAVIE FL 33329
US

2. Principal Place of Business

21 11306 NW 15TH CT

2a. Mailing Address

26 P.O. BOX 292157

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 PEMBROKE PINES, FL.

City & State

28 DAVIE FL.

Zip

Country

24 33026

25

Zip

Country

29 33329

30

3. Date Incorporated or Qualified

12/31/1984

3a. Date of Last Report

04/25/1996

4. FEI Number

59-2545780

Applied For

Not Applicable

6. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

8. 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

KIROUAC, EDMOND
11306 NW 15TH CT
PEMBROKE PIENS FL 33026

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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 reinstalling)

DATE

12. OFFICERS AND DIRECTORS

TITLE DST ☐ DELETE
NAME WELLER, MARINA
STREET ADDRESS 9384 N.W. 8TH CIRCLE
CITY-ST-ZIP PLANTATION FL

TITLE P ☐ DELETE
NAME KIROUAC, EDMOND F.
STREET ADDRESS 11306 NW 15TH CT
CITY-ST-ZIP PEMBROKE PIENS FL

TITLE VD ☐ DELETE
NAME KIROUAC, VIRGINIA
STREET ADDRESS 11306 NW 15TH CT
CITY-ST-ZIP PEMBROKE PINES FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 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: *Marina Weller* MARINA WELLER 4/29/97 954-431-5189
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)