


**FILED**  
**Mar 30, 1999 8:00 am**  
**Secretary of State**

03-30-1999 90030 013 \*\*\*150.00

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>
<b>DOCUMENT # L54448</b>		
<b>1. Corporation Name</b> <b>CHAMPIONS SQUARE RESTAURANT &amp; GROCERIES, INC.</b>		



<b>Principal Place of Business</b> 1401 S. STATE ROAD 7 STORE 106 AND 107 N. LAUDERDALE FL 33068	<b>Mailing Address</b> 1401 S. STATE ROAD 7 STORE 106 AND 107 N. LAUDERDALE FL 33068
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DO NOT WRITE IN THIS SPACE

<b>2. Principal Place of Business</b> 21 Suits, Apt. #, etc. 22 City & State 23 Zip Country		<b>2a. Mailing Address</b> 26 Suits, Apt. #, etc. 27 City & State 28 Zip Country		<b>3. Date Incorporated or Qualified</b> 02/23/1990	<b>4. FEI Number</b> 65-0175880	<b>Applied For</b> <input checked="" type="checkbox"/> <b>NOT Applicable</b>
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		<b>6. Election Campaign Financing Trust Fund Contribution</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>8. This corporation owes the current year intangible Personal Property Tax.</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

<b>g. Name and Address of Current Registered Agent</b> KODSI & EISENSTEIN, P.A. 701 W. CYPRESS ROAD, STE. 302 FT. LAUDERDALE FL 33309		<b>10. Name and Address of New Registered Agent</b> 81 Name <i>Franklin W Braide</i> 82 Street Address (P.O. Box Number is Not Acceptable) <i>4925 NW 108 TER</i> 83 City <i>Coral Springs</i> <b>FL</b> 85 Zip Code <i>33076</i>	
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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

<b>12. OFFICERS AND DIRECTORS</b>		<b>13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12</b>	
TITLE <input checked="" type="checkbox"/> DELETE NAME <i>JOEL CAMPBELL</i> STREET ADDRESS <i>260 NW 118TH AVE.</i> CITY-ST-ZIP <i>CORAL SPRINGS FL 33071</i>	1.1 TITLE <i>P</i> 1.2 NAME <i>Franklin W Braide</i> 1.3 STREET ADDRESS <i>4925 NW 108 TER</i> 1.4 CITY-ST-ZIP <i>Coral Springs FL 33076</i>	2.1 TITLE <i>SECRETARY</i> 2.2 NAME <i>Joan Braide</i> 2.3 STREET ADDRESS <i>4925 NW 108 TER</i> 2.4 CITY-ST-ZIP <i>Coral Springs FL 33076</i>	3.1 TITLE <i>JOEL CAMPBELL</i> 3.2 NAME <i>260 N.W. 118TH AVENUE</i> 3.3 STREET ADDRESS <i>CORAL SPRINGS FLA 33071</i> 3.4 CITY-ST-ZIP
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP	7.1 TITLE 7.2 NAME 7.3 STREET ADDRESS 7.4 CITY-ST-ZIP	8.1 TITLE 8.2 NAME 8.3 STREET ADDRESS 8.4 CITY-ST-ZIP	9.1 TITLE 9.2 NAME 9.3 STREET ADDRESS 9.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

*Joel Campbell* **JOEL CAMPBELL** 3/17/99 954-978-8667

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #