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

1. Corporation	MENT # P930 GRILL, INC.	00077947 (8)				i Pa kio 33 00 18	âld dê bib.	18;;j, 4;14;; ja 1; ;44;;
Principal Place of Business Mailing Address									
1401 N FEDERAL HWY HOLLYWOOD FL 33020 HOLLYWOOD FL 33020									
						3. Date Incorporated or Qualified	3a. Date o		•
2. Principal Pla	ace of Business	2a. Mailing Address			11/05/1993 4. FEI Number	U	B/15/1	Applied For	
21		26			65-0516038			Not Applicable	
Suite, Apt. #	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75	Additional Required	
City & State		City & State			6. Election Campaign Financing			May Be	
2		28				Trust Fund Contribution Added to Fees			
Zip 24]	Country 25	29 30		Country		8. This corporation has liability for intangible tax under s 199.032 Florida Statutes Yes No			199.032,
	9. Name and Address of Curre	nt Registered Agent				10. Name and Address of New Re	glatered Aç	ent	
				81	Name				
	, BRUCE M			82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
	I.W. 33RD AVE	83							
SUITE	LAUDERDALE FL 33309		63						
TORT	LAUDENDALE PL 33308			84	City		FL	85 Zi	p Code
SIGNATURE _	Signature typed or printed name of registered ager	t and title if applicable (NC	TE: Registered		signature required	d of directors. I hereby accept the appointment of	DA18		
12. TITLE		ID DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC	ERS AND D	IRECTO	DRS IN 12
NAME	PD CEODOE	☐ DELETE	1.11					Change	Addition
STREET ADORESS	ZINKLER, GEORGE 1401 N FEDERAL HWY		1.2 NA		ADDRESS				
CITY-ST-ZIP	HOLLYWOOD FL			TY-ST					
TITLE	STD	☐ DELETE	2.111				<u> </u>	Change	Addition
NAME	ZINKLER, ELLEN		2.2 NA	ME					
STREET ADDRESS	1401 N FEDERAL HWY			2.3 STREET ADDRESS					
C-TY-ST-ZIP	HOLLYWOOD FL		2.4 Cri	TY-ST	-ZIP				
TITLE		☐ DELETE 3.1						Change	☐ Addition
NAME STREET ADDRESS			3.2 NA						
CITY-ST-ZIP					ADDRESS				
TIFLE	F3 05, 576		3.4 CIT		-21r			Change	Addition
NAME	_			4.2 NAME			L.J	o lange	The American
STREET ADDRESS					DDRESS				
CITY-ST-ZIP			4.4 CIT	Y-\$1	- ZIP				
TITLE		☐ DELETE	5. 1 Tr	TLE				Change	Addition
NAME			5.2 NA		ļ				
STREET ADDRESS			5.3 STREE						
CITY - ST - ZIP		☐ DELETE	54 CIT 6 1 TI		- ZIP		P~~ ,	Charge	[T] Addition
NAME			6 2 NA				П,	Change	Addition
STREET ADDRESS					DDRESS				
DITY-ST-ZIP			6400	Y-SI-	71P				
oath; that t		uar report or supplemental anni Pration or the receiver or truste	ished and o ual report is e empowere	loes	not qualify for	r the exemption stated in Section 119.07 e and that my signature shall have the sa report as required by Chapter 607, Florid			

SIGNATURE:

IGNATURE IND TIPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

25/96 922-7521 Date 922-7521