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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Jul 12 1996 8:00 am
Secretary of State

DOCUMENT # P95000045748

1. Corporation Name

JUPITER GRILLE, INC.

Principal Place of Business

Mailing Address

2889 10th Ave, N.
Suite 303
Lake Worth, FL 33461
US

P.O. BOX 32845
PALM BEACH GARDENS, FL
33420-2845

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 State, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

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25

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WATERSON, HYLAND, BAIRD & KLETT, P.A.
11380 PROSPERITY FARMS RD.
SUITE 112
PALM BEACH GARDENS, FL 33410

81 Name THOMAS A. BOLTON
82 Street Address (P.O. Box Number is Not Acceptable)
11944 LAKE SHORE PLACE
83
84 City NORTH PALM BEACH FL 85 Zip Code 33408

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

THOMAS A. BOLTON V.P. Signature 6/29/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PRESIDENT	DELETE
NAME	ROBERT LIEM	
STREET ADDRESS	2889 10th Ave, No. Ste 303	
CITY-STATE-ZIP	Lake Worth, FL 33461	
TITLE	VICE PRESIDENT	DELETE
NAME	THOMAS A. BOLTON	
STREET ADDRESS	11944 LAKE SHORE PL.	
CITY-STATE-ZIP	NORTH PALM BEACH, FL 33408	
TITLE	VICAR KEO SECRETARY	DELETE
NAME	VICAR KEO	
STREET ADDRESS	4415 WOODFIELD BLVD	
CITY-STATE-ZIP	BOCA RATON, FL 33434	
TITLE	TREASURER	DELETE
NAME	ALBAN BACCHUS	
STREET ADDRESS	2889 10th Ave, No. Ste 303	
CITY-STATE-ZIP	Lake Worth, FL 33461	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

1. TITLE	Change	Addition
2. NAME		
3. STREET ADDRESS		
4. CITY-STATE-ZIP		
5. TITLE	Change	Addition
6. NAME		
7. STREET ADDRESS		
8. CITY-STATE-ZIP		
9. TITLE	Change	Addition
10. NAME		
11. STREET ADDRESS		
12. CITY-STATE-ZIP		
13. TITLE	Change	Addition
14. NAME		
15. STREET ADDRESS		
16. CITY-STATE-ZIP		
17. TITLE	Change	Addition
18. NAME		
19. STREET ADDRESS		
20. CITY-STATE-ZIP		

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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 this 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:

THOMAS A. BOLTON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/29/96

407-624-6022

CR2E034 (12/95)