FILE N.W: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT **CORPORATION** ANNUAL REPORT

1997



Secretary of State DIVISION OF CORPORATIONS

FILED Apr 29 1997 8:00am Secretary of State

DOCUMENT # 1. Corporation Name P95000056471

BOW THAI RESTAURANT,

		,	<u></u>		
Principal Plac	ce of Business	Mailing Address	27) Na aa	
795	to Nus/Jample R	040l //366	, N.W. 57 " r	zaee	
POD	of Profess El	23065 CORA	L SPRIMS.		
Cox	to of Business TO Wast Sample Rival Springs, FL.	FL	33076	3. Date Incorporated or Qualified	3a. Date of Last Report
2. Principa F	Hace of Business	2a. Mailing Address	1. W. 5/2 Pla	4. FEI Number	Applied For
21	WEST SHITTED TOOK	26 // 3 6 6 /\ Suite. Apt. #, etc.	1.14. 37 TW	4 . 63 - 43 / 780	Not Applicable
22]	H, C(C	27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23 CORAL	Springs, FL.	28 CORAL SA	RINGS, Fil	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
 Zip 33 0	Country Country	29 33065	Country	8. This corporation has liability for in	
24	9. Name and Address of Current	.1=-1	[30]	Florida Statutes 10. Name and Address of New Reg	Yes No
			81 Name	SKUL SUCHARIT	
SKUL- SHCHARITUHANT 82 Street Address					W/////N/
1/566 N.W. 5/ ST. PLACE					PLACE
	-	and the second s	83		·
(CORAL SPRINGS	P4. 33076	84 City		les Zin Codo
^	, ,			ORAL SPRINTA,	FL S JJO96
11. Fursuarii Office or t	to the provisions of Sections 607.0502	and 607.1508, Florida Statul Florida, Such change was	tes, the above-named corp	poration submits this statement for the pution's board of directors. I hereby accept	rpose of changing its registered
* agent La	m familiar with and accept the obligati	ons of, Section 607.0505, FI	orida Statutes.	ion a sound of displaces. Thereby accept	the appointment as registeraci
Signaturi					
12.	Use at inclusived or proted name of registered agert OFFICERS AND		E. Registered Agent signature requir	***	DATE
	PRESIDENT	DELETE	13.	ADDITIONS/CHANGES TO OFFICE	Change Addition
सन्ध	SKUL SUCHARIT		1.2 NAME		LT Cususe LT Wholing
STREET ALL JARRAS	115.66 N.W. 5		1.3 STALET ADDRESS		
(22 SL /it	CORAL SPRINGS	FL. 33076	1.4 City-St-ZiP		
under der State in der	YIRE PRESIDEN		2.1 HITLE		Change Addition
#IAM!		STOUTHANT	2.2 NAME		
STREET AFFORESS	11566 N.W. 51.	ST. PLAGE	2.3 STREET ADDRESS		
311 - 51 24	CORPE SPRIMS.	7941.33074	2 4 CITY-ST-ZIP		
11 [F	TREASURER	DELETE	3 1 TITLE		Charge Addition
NAMI	AMANDA SHEME	RIZQIHANT	3 2 NAME		
513651 A FORESS	11566 N.W. 31 4	PLACE	3 3 STREET ADDRESS		
(atv. \$1.7d	COKING SPRINGS FO	2,33076	3.4. CITY-ST-ZIP		
1 114	, , ,	☐ DELETE	41 TITLE		☐ Change ☐ Addition
MAM!			4 2 NAME		
SHREET ADDRESSES			4.3 STREET ADDRESS		
C I		- Don Fre	4 4 City - St - ZIP		
\$17 t		☐ DELETE	5.1 TITLE		☐ Chylinge ☐ (didition
NAM:			5 2 NAME		14 111/a/60
STREET ADDRESS N			5 3 STREET ADDRESS	•	#//YPX ///T
1914 - St. 716		DELETE	5.4 CITY - ST - ZIP		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
MAME.		☐ OCLEIC	6.1 TITLE	90000216	4455 ange Addition
STRIET ASSESS			6.2 NAME	-05/01/970102	6026
C IY-SE-ZIP			6.3 STREET ADDRESS	***173.75	
14. 1 do heret	by cert by that the information supplied v	vith this fring does not quali	fy for the exemption stated	in Section 119.07(3)(i), Florida Statutes.	I further certify that the
informatiq	in probatted on this annual report or sug	premental annual report is t	rue and accurate and that	my signature shall have the same legal tas required by Chapter 607. Florida Sta	effect as if made under oath: that