FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1996

DIVISION OF CORPORATIONS P95000088789 (9)

DOCUMENT #
1. Corporation Name

C & S RESTAURANT ENTERPRISES, INC.

Principal	Place of	of Busi	iness

Mailing Address



9378 ARLINGTON EXPRESSWAY. #302 JACKSONVILLE FL 32225			9378 ARLINGTON EXPRESSWAY, #302 Jacksonville FL 32225							
						3. Date Incorporated or Qualified 11/20/1995	3a. Date	of Last	Report	
2. Principal Place	of Business	2a. Mailing A	odress			4. FEI Number			Applied For	
21 9010 ATLANTIC BLUD 26					C9-334-4181	59-334-4181-		Not Applicable		
Suite, Apt. #, etc. Suite, Apt. #, &		t. #, etc.	C.		•		\$8.7	5 Additional		
22					5. Certificate of Status Desired			Required		
City & State					6. Election Campaign Financing		\$5.	00 May Be		
23 JACKSON	1.110 7-In.	28				Trust Fund Contribution			led to Fees	
Zip				untry		8. This corporation has liability for intangible tax under s. 199,032,				
24 32211	25 USA-	29	30	30 Florida Statutes ☐ Yes ☐ No						
	Name and Address of Cur	rrent Registered Age	nt	Ţ		10. Name and Address of New F	Registered A	gent		
343 ALM	n firm of Lawrence J \$ Meria avenue Gables FL 33134	SPIEGEL CHRTD		81 82 83	Name Street Add	fress (P.O. Box Number is Not Acceptat	ole)			
				84	City		FL	85	Zip Code	
familiar with, SIGNATURE	and accept the obligations of, S yearure, typed or printed name of registered a	Section 607.0505, Flori agent and the Capplical to	da Statutes.			ard of directors. I hereby accept the app	DATE:			
12.		AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFF				
TITLE	PTD		DELETE 1.1	TIFLE] Chang	Addition	
NAME	CHILDS, CYRIL G		1.2	NAME:						
STREET ADDRESS	9378 ARLINGTON EXPR	·	133	STREET	F ADDRESS					
CITY-ST-ZIP	JACKSONVILLE FL 3222	25	1.41	0:TY-5	ST-ZiP					
TITLE	VSD		DELF1E 2.1	TITLE] Chang	e 🔲 Addition	
NAME	CHILDS, SUZANNE V		22	NAME						
STREET ADDRESS			23	23 STREFT ADDRESS						
CITY-ST-ZIP	JACKSONVILLE FL 3222	25	24	CHY-S	STZIP					
THLE			DELETE 3.1	TITLE] Chang	e 🔲 Addition	
NAME			321	NAME						
STREET ADDRESS			3.3.	STREE	T ADDRESS					
CITY-S1-ZIP			34	CITY-S	ST-ZIP					
TITLE				TITLE] Chang	e 🔲 Addition	
NAME			4.2	NAME						
STREET ADDRESS			4.3.	STREET	I ADDRESS					
CITY-ST-ZIP					ST-2IP					
TITLE				TITLE	::h::] Chang	e Addition	
NAME				NAME			-	_		
STREET ADDRESS					I ADDRESS					
· · ·										
CITY-S1-ZIP TITLE				CITY - S TITLE	ST - ZIP			7 Chang	e 🗍 Addition	
		L.J					L.	_ Criany	S I ROUNDI	
NAME				NAME						
STREET ADDRESS					I ADDRESS					
CITY-ST-ZIP		Park Mark Charles			S1 - 71P	for the exemption stated in Section 119	07/0//12 51:	id- D		

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 of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Plock 13 if changed, or on an attachment with an address.

SIGNATURE

Cyail 6. Childs 5/8/92 9047213277