## **FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**CORPORATION** ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P96000030099 (1)

CAJUN & GRILL OF TOWER CITY CENTER, INC.

## **FILED** Apr 29 1997 8:00am Secretary of State



| Principal Place of Business Mailing Address                         |  |                      |                        |   |  |                   |   |
|---|--|----------------------|------------------------|---|--|-------------------|---|
| 1957 71ST ST 1957 71ST ST MIAMI BEACH FL 33141 MIAMI BEACH FL 33141 |  |                      | 115                    |   |  |                   |   |
|   |  |                      | a er solal-aalo        |   | 3. Date Incorporated or Qualified 3s. Date of Last Report 02/21/1996                 |                   |   |
| 2. Principal F  | Place of Business  | 2a, Mailing Address  |                        | <u> </u>  | 4, FEI Number  | L                 | Applied For                             |
| 1 26  |  | <b>├</b> ─┐ ~        |                        |   | 2111020220   |                   | Not Applicable                          |
| Suite, Apt. #, etc<br>2   |  | Suite, Apt. #, etc.  |                        | 5. Certificate of Status Desired                        | \$8.75 Additional Fee Required   |                   |   |
| City & State<br>3   |  | City & State         |                        | Election Campaign Financing     Trust Fund Contribution | \$5.00 May Be Added to Fees  |                   |   |
| Zip   | Country  | Zip                  | Countr                 | У   | 8. This corporation has liability for in   | ntangible tax und | er s. 199.032,                          |
| 4   | 25   | 29                   | 30                     |   |  | Yes No            | <del></del>                             |
|   | 9. Name and Address of Curr                              | ent Registered Agent |                        |   | 10. Name and Address of New Reg  | ilstered Agent    |   |
|   | JNG, HOIS  |                      | 81                     | Name  |  |                   |   |
|   | 7 71ST ST  |                      | <b>82</b> Stre         |   | Address (P.O. Box Number is Not Acceptable)  |                   |   |
| MIA   | MI BEACH FL 33141  |                      | 83                     | 1   |  |                   |   |
|   |  |                      | 84                     | City  |  | 85                | Žip Code                                |
|   |  |                      |                        |   | poration submits this statement for the pution's board of directors. I hereby accept | FL   "            |   |
| 12.   | T. A. M. A. M. A. M. | ND DIRECTORS         | 13.                    |   | uired when reinstating) ADDITIONS/CHANGES TO OFFIC                                   |                   | ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ |
| TITLE   | D  | ☐ DELETE             | 1.1 TITLE              |   |  | ☐ Char            | nge 🔲 Additio                           |
| NAME<br>  | YEUNG, HOIS  |                      | 1,2 NAME               |   |  |                   |   |
| STREET ADORESS  | 1957 71ST ST   |                      | 4                      | T ADDRESS   |  |                   |   |
| ITY - ST - Zif*   | MIAMI BEACH FL 33141                                     | DELETE               | 1.4 City-<br>2.1 Title |   |  | Cha               | nge Additio                             |
| IAME  |  |                      | 2.2 NAME               | 1   |  | <u></u>           |   |
| STREET ADDRESS  |  |                      |                        | T ADDRESS   |  |                   |   |
| DIDY - ST- ZIP  |  | •                    | 2. 4 CITY              | -ST-ZIP   |  |                   |   |
| TITLE   |  | ☐ DELETE             | 3.1 TITLE              |   |  | Cha               | nge Additio                             |
| NAME:   |  |                      | 3.2 NAME               |   |  |                   |   |
| STREET ADDRESS  |  |                      |                        | ET ADDRESS  |  |                   |   |
| City-ST-7IP<br>Lite   |  | DELETE               | 3.4. CITY              |   |  | Cha               | nge Additio                             |
| NAME  |  | pacere               | 4. 2 NAM               |   |  |                   | igo ridanic                             |
| STREET ADDRESS  |  |                      |                        | ET ADDRESS  |  |                   |   |
| CITY- S1-ZiP  |  |                      | 4.4 CITY-              |   |  |                   |   |
| :TLE  |  | DELETE               | 51 TITLE               |   |  | Cha               | nge 🔲 Additio                           |
| NAME  |  |                      | 5.2 NAME               |   |  |                   |   |
| STREET ADDRESS  |  |                      |                        | ET ADDRESS  |  |                   |   |
| CITY - ST - ZIP   |  | OCIETE               | 5.4 CITY-              |   |  | I Cha             | nge 🔲 Additio                           |
| MILE  |  | ☐ OELETE             | 6.1 TITLE              | l l   |  | ☐ Cha             | .ige LJ Addit)(                         |
| NAME<br>CIBERT ANNOCSS  |  |                      | 6.2 NAME               | ET ADDRESS  |  |                   |   |
| Street address.<br>City-St-Zip                                      |  |                      | 6.4 CITY               | l '   |  |                   |   |
|   | 4  |                      | ■ U.T.U.I.T.           | 31 40   |  |                   |   |

14. I do 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.

DIGNATURE REQUIRETED