

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
May 28 1998 8:00am
Secretary of State

DOCUMENT # P96000035315 (6)
Corporation Name
COWBOY GRILL, INC.

Principal Place of Business		Mailing Address		DO NOT WRITE IN THIS SPACE	
12801 W SUNRISE BLVD 857 SUNRISE FL 33323 US		12801 W SUNRISE BLVD 857 SUNRISE FL 33323 US		Date Incorporated or Qualified 04/23/1996	
Principal Place of Business		Mailing Address		FBI Number	
21		26		65-0677082	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Certificate of Status Desired <input type="checkbox"/> \$8.75 Additi Fee Require	
22		27		Election Campaign Financing <input type="checkbox"/> \$5.00 May Trust Fund Contribution Added to F	
City & State		City & State		This corporation owes or has paid the current year Intangit Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
23		28			
Zip		Country			
24		29		30	
Name and Address of Current Registered Agent				Name and Address of New Registered Agent	
LEVINE, ALAN W 1110 BRICKELL AVE. 7TH FLOOR MIAMI FL 33131				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				85 Zip Code	

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 re: 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 regist agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS			
TITLE	PST	<input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/>
NAME	JONES, ROMAN		1.2 NAME
STREET ADDRESS	% 1110 BRICKELKL AVE. TGH FLOOR		1.3 STREET ADDRESS
CITY- ST- ZIP	MIAMI FL 33131		1.4 CITY- ST- ZIP
TITLE	V	<input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/>
NAME	HEMMATI, SIA		2.2 NAME
STREET ADDRESS	12801 W SUNRISE BLVD #857		2.3 STREET ADDRESS
CITY- ST- ZIP	SUNRISE FL 33323		2.4 CITY- ST- ZIP
TITLE		<input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/>
NAME			3.2 NAME
STREET ADDRESS			3.3 STREET ADDRESS
CITY- ST- ZIP			3.4 CITY- ST- ZIP
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/>
NAME			4.2 NAME
STREET ADDRESS			4.3 STREET ADDRESS
CITY- ST- ZIP			4.4 CITY- ST- ZIP
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/>
NAME			5.2 NAME
STREET ADDRESS			5.3 STREET ADDRESS
CITY- ST- ZIP			5.4 CITY- ST- ZIP
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/>
NAME			6.2 NAME
STREET ADDRESS			6.3 STREET ADDRESS
CITY- ST- ZIP			6.4 CITY- ST- ZIP

I 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 inform 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 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.

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