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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000036517 (5)

PUNJAB INDIAN RESTAURANT #3, INC.

Principal Place of Business

Mailing Address

FILED Jun 04 1998 8:00am Secretary of State



3060 NORTH ANDREWS AVENUE WILTON MANORS FL 33311		3060 NORTH ANDREWS AVENUE WILTON MANORS FL 33311				DO NOT WRITE IN THIS	CERACE
						3. Date Incorporated or Qualified	SPACE
6 Drie LDI	ace of Business	So Mail as Ada				04/23/1997 4. FEI Number	
- '	ace of Business	<u>├</u> ─┐	2a. Mailing Address			59-2127734	Applied For
Suite, Apt #, etc.		Suite, Apt #, etc				1 3 7-212//37	Not Applicable
22		27	27			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	,	City & State	├ ──			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip		Country	,	8. This corporation owes or has paid the ci	rrep year Intangible
24	25	29		30		Personal Property Tax due June 30.	Yes No
	9. Name and Address of Cu	rrent Registered Agent		B1		10. Name and Address of New Registered	J Agent
PERLOW, JEFFREY M					Name		
C/O JEFFREY M. PERLOW & ASSOCIATES, P.A.				82	Street Add	dress (P.O. Box Number is Not Acceptable)	
1820 E. HALLANDALE BEACH BLVD. HALLANDALE FL 33009				83			
HAI							
				84	City	FI	85 Zip Code
						poration submits this statement for the purpose	
agent. I ar	egistered agent, or both, in the S in familiar with, and accept the o	bligations of, Section 60	inge was at 7.0505, Flor	rida Starute:	y the corpora s.	ation's board of directors. I hereby accept the ap	pointment as registered
SIGNATURE .							
	Signature, typed or printed name of registers		(NOTE:		ent sign ature re qu	Pred when reinstating) DATE	
12.	OFFICERS	AND DIRECTORS	DEL ETE	13.		ADDITIONS/CHANGES TO OFFICERS AN	
TITLE	SINGH, RAMJIT		DELETE	1 1 TITLE	1		L. Change L. Addition
NAME	3060 NORTH ANDREWS	AVENITE		1.2 NAME	}		ļ
STREET ADDRESS	WILTON MANORS FL 333			1 3 STREET			
CITY-ST-ZIP	S		DELETE	14 CITY - S	IT-ZIP		Change Addition
TITLE	KAUR, TARSEM		אכננינ.	211718			L Change L Addition
NAME	3060 NORTH ANDREWS	AVENI IE		22 NAME			ĺ
STREET ADDRESS	WILTON MANORS FL 333			2 3 STREET	1		
CITY-ST-ZIP TITLE	11121011 111110110 12 000		DELETE	2.4 CiTY-:	SI-ZIP		Change Addition
NAME			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	3 2 NAME			
STREET ADDRESS				3 3 STREET	ADDRESS		}
CITY-ST-ZIP				3 4. CITY -			
TITLE			DELETE	4 1 TITLE	31-211		Change Addition
NAME				4 2 NAME			_ • _
STREET ADDRESS				4.3 STREET	ADDRESS		
CITY-ST-ZIP				4.4 CITY - S			
TITLE			DELETE	5.1 TITLE			Change Addition
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET	ADDRESS		}
CITY-ST-ZIP				5.4 CITY-S	IT- ZIP		
TITLE			DELETE	6.1 TITLE			Change Addition
NAME				62 NAME			
STREET ADDRESS				6.3 STREET	ADDRESS		
CITY-ST-ZIP				64 City-S	IT-71P		

14. Thereby 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. TARSEM KAUR 429 98 954-568-0600
DEFICER OR DIRECTOR

Daytinia Price p. 0281549