

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **F93000000034 (9)**

1. Corporation Name
CLUCKER'S INTERNATIONAL FRANCHISE CORPORATION



Principal Place of Business Mailing Address
**11900 BISCAYNE BLVD.
STE. 509
MIAMI FL 33181
US**

3. Date Incorporated or Qualified **01/05/1993** 3a. Date of Last Report **01/26/1995**
4. FEI Number **65-0343288** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt #, etc 26 Suite, Apt #, etc
22 City & State 27 City & State
23 Zip 28 Zip
24 Country 29 Country 30 Country

9. Name and Address of Current Registered Agent

**BARNETT, CHARLES D
899 WEST CYPRESS CREEK RD.
SUITE 500
FT. LAUDERDALE FL 33309**

10. Name and Address of New Registered Agent

81 Name **RON LINARES**
82 Street Address (P.O. Box Number is Not Acceptable) **11900 BISCAYNE BLVD**
83 **SUITE 509**
84 City **MIAMI** FL 85 Zip Code **33181**

11. 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 registered 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 registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *[Signature]* **CHIEF FINANCIAL OFFICER**
Signature of current principal place of business agent and, if applicable, (NOTE: Registered Agent signature required when reappointing)

7/22/94

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	DOLLARHYDE, GREGORY G	
STREET ADDRESS	899 W. CYPRESS CREEK RD. SUITE 500	
CITY-ST-ZIP	FT. LAUDERDALE FL 33309	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	LINARES, RONALD T	
STREET ADDRESS	11900 BISCAYNE BLVD. SUITE 590	
CITY-ST-ZIP	MIAMI FL 33181	
TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	GOLDSTEIN, DAVID E	
STREET ADDRESS	11900 BISCAYNE BLVD, SUITE 590	
CITY-ST-ZIP	MIAMI FL 33181	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	BARNETT, CHARLES D	
STREET ADDRESS	899 W. CYPRESS CREEK RD, STE 500	
CITY-ST-ZIP	FT LAUDERDALE FL 33309	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	VICE PRESIDENT, SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	NICO B. M. LETSCHERT	
5.3 STREET ADDRESS	11900 BISCAYNE BLVD #509	
5.4 CITY-ST-ZIP	MIAMI, FL 33181	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k) 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/10/94 **305 899 2585**
Date Printed #

CR2E034 (3/96)