

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **K65132** (8)

1. Corporation Name:  
**STARR'S CHICKEN GRILL, INC.**



Principal Place of Business: **1737 N. BAYSHORE DRIVE MIAMI FL 33132**  
Mailing Address: **1737 N. BAYSHORE DRIVE MIAMI FL 33132**

3. Date Incorporated or Qualified: **02/13/1989**  
3a. Date of Last Report: **05/01/1995**  
4. FEI Number: **22-2956962**  
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: 21 State, Apt. #, etc.: 22 City & State: 23 Zip: 24 Country: 25  
2a. Mailing Address: 26 State, Apt. #, etc.: 27 City & State: 28 Zip: 29 Country: 30

9. Name and Address of Current Registered Agent: **ANNA LEE PORTER 1737 NORTH BAYSHORE DRIVE MIAMI FL 33132**  
10. Name and Address of New Registered Agent: 81 Name: 82 Street Address (P.O. Box Number is Not Acceptable): 83 City: 84 City: **FL** 85 Zip Code

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 of Agent) \_\_\_\_\_ (Signature of Officer/Director)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '12	
TITLE: <b>VPS</b>	<input type="checkbox"/> DELETE	11 TITLE: <b>Pres./Treas.</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>PORTER, ANNA LEE</b>		12 NAME: <b>Starr E. Porter</b>	
STREET ADDRESS: <b>1737 NORTH BAYSHORE DRIVE</b>		13 STREET ADDRESS: <b>1737 North Bayshore Drive</b>	
CITY-STATE-ZIP: <b>MIAMI FL</b>		14 CITY-STATE-ZIP: <b>Miami, FL 33132</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <b>PT</b>	<input type="checkbox"/> DELETE	21 TITLE: <b>Vice Pres./Secty.</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>PORTER, STARR</b>		22 NAME: <b>Anna Lee Porter</b>	
STREET ADDRESS: <b>1737 NORTH BAYSHORE DRIVE</b>		23 STREET ADDRESS: <b>1737 North Bayshore Drive</b>	
CITY-STATE-ZIP: <b>MIAMI FL</b>		24 CITY-STATE-ZIP: <b>Miami, FL 33132</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE:	<input type="checkbox"/> DELETE	31 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		32 NAME:	
STREET ADDRESS:		33 STREET ADDRESS:	
CITY-STATE-ZIP:		34 CITY-STATE-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE:	<input type="checkbox"/> DELETE	41 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		42 NAME:	
STREET ADDRESS:		43 STREET ADDRESS:	
CITY-STATE-ZIP:		44 CITY-STATE-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE:	<input type="checkbox"/> DELETE	51 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		52 NAME:	
STREET ADDRESS:		53 STREET ADDRESS:	
CITY-STATE-ZIP:		54 CITY-STATE-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE:	<input type="checkbox"/> DELETE	61 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		62 NAME:	
STREET ADDRESS:		63 STREET ADDRESS:	
CITY-STATE-ZIP:		64 CITY-STATE-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 607, Florida Statutes; and that my name appears in Block 12 or Block 13, if changed, or on an amendment with an address.

SIGNATURE: *Starr E. Porter*  
STARR E. PORTER

1/30/96 305-375-0266

CR2E034 (12/95)