

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P23248 (8)**
1. Corporation Name
KENTUCKY FRIED CHICKEN INTERNATIONAL CORPORATION



Principal Place of Business: **1209 ORANGE STREET WILMINGTON DE 19801**
Mailing Address: **1209 ORANGE STREET WILMINGTON DE 19801**

3. Date incorporated or Qualified: **03/03/1989**
3a. Date of Last Report: **04/25/1995**
4. FEI Number: **61-1128364**
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**
2a. Mailing Address: **26 14841 North Dallas Pkwy**
Suite, Apt. #, etc.: **22 9 N 339**
City & State: **23 Dallas Tx**
Zip: **24 75240** Country: **25 USA**

9. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent
81 Name:
82 Street Address (P.O. Box Number is Not Acceptable):
83
84 City: **FL** 85 Zip Code:

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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: _____ (NOTE: Registered Agent signature required when reinstating.) DATE: _____

12. OFFICERS AND DIRECTORS	
TITLE: PD	<input checked="" type="checkbox"/> DELETE
NAME: ZWAIN, LAURENCE M	
STREET ADDRESS: 6303 FOREST PARK ROAD SUITE 400	
CITY-ST-ZIP: DALLAS TX	
TITLE: VS	<input type="checkbox"/> DELETE
NAME: JOYCE, JOSEPH J.	
STREET ADDRESS: 1441 GARDNER LANE	
CITY-ST-ZIP: LOUISVILLE KY	
TITLE: T	<input type="checkbox"/> DELETE
NAME: ROXWORTHY, PATRICK	
STREET ADDRESS: 1441 GARDNER LANE	
CITY-ST-ZIP: LOUISVILLE KY	
TITLE: AT	<input checked="" type="checkbox"/> DELETE
NAME: LEISTNER, CHERYL	
STREET ADDRESS: 1441 GARDNER LANE	
CITY-ST-ZIP: LOUISVILLE KY	
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: President	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME: James O'Neal	
1.3 STREET ADDRESS: 14841 North Dallas Pkwy	
1.4 CITY-ST-ZIP: Dallas, Tx 75240	
2.1 TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME: _____	
2.3 STREET ADDRESS: _____	
2.4 CITY-ST-ZIP: _____	
3.1 TITLE: _____	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME: _____	
3.3 STREET ADDRESS: 14841 North Dallas Pkwy	
3.4 CITY-ST-ZIP: Dallas, Tx 75240	
4.1 TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME: _____	
4.3 STREET ADDRESS: 300001835983	
4.4 CITY-ST-ZIP: -05/23/96--01009--001	
5.1 TITLE: John Sales	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME: _____	
5.3 STREET ADDRESS: _____	
5.4 CITY-ST-ZIP: _____	
6.1 TITLE: Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME: John Sales	
6.3 STREET ADDRESS: 14841 North Dallas Parkway	
6.4 CITY-ST-ZIP: Dallas, Tx 75240	

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 attachment with an address

SIGNATURE: John Sales Date: **5-8-96** (214) 338-8146

CR2E034 (12/95)