

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
OFFICE OF CORPORATIONS
CORPORATION REPORT

APPROVED
AND
FILED

MAY 15 11:01:15
MAY 15 1995
TALLAHASSEE, FLORIDA

DOCUMENT # **S63030** (8)

1. Corporation Name
CHIPPEYS ENTERPRISES, INC.

2. Principal Office of Corporation
**12880 N.E. 4TH AVENUE
NORTH MIAMI FL 33161**

2a. Mailing Address
**12880 N.E. 4TH AVENUE
NORTH MIAMI FL 33161**

Director: W. D. H. G. [unclear]

3. Date Incorporation (For Shares) **06/28/1991** 3a. Date of Last Report **04/22/1994**

2. Principal Office of Corporation
21. **744 N.W. 107 STREET** 2a. Mailing Address
26. **744 N.W. 107 STREET**

4. FIC Number
65-0294751 Applied For
Not Applicable

22. 27. 5. Contribution (Shareholder) **\$8.75 Additional Fee Required**

23. **MIAMI, FLORIDA** 28. **MIAMI, FLORIDA** 6. Election Campaign Financing and Trust Fund Contributions **\$5.00 May Be Added to Fees**

24. **33168** 25. **DADE** 29. **33168** 30. **DADE** 7. This corporation has a total of shares authorized by the Florida Statute shares outstanding by the Florida Statute

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SHERIFF, DWIGHT
12880 N.E. 4TH AVENUE
NORTH MIAMI FL 33161**

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. State **FL** Zip Code

11. Signature of the person who has been designated pursuant to Florida Statute, the above named corporation and this statement for the purpose of changing its registered office is a responsible agent in the State of Florida. Such change was authorized by the corporation's board of directors, thereby accept the responsibility as a responsible agent for the corporation and accept the designation of law for the Florida Statute.

SIGNATURE

Signature of the person who has been designated pursuant to Florida Statute

Signature of the person who has been designated pursuant to Florida Statute

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12. OFFICERS AND DIRECTORS		13. ADDITIONAL OFFICERS, DIRECTORS AND SHAREHOLDERS	
NAME	PD SHERIFF, DWIGHT 12880 N.E. 4TH AVENUE NORTH MIAMI FL	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VD GRANT, ALAN 12880 N.E. 4TH AVENUE NORTH MIAMI FL	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STD WILMOT, ANNA M. 2030 N.W. 184TH STREET MIAMI FL	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	M GRANT, ADRIAN O 12880 NE 4TH AVE N MIAMI FL	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information supplied with this form is substantially true and correct and equally for the corporation stated as law for the State of Florida. I further certify that the information was filed in the annual report or supplementary annual report as true and correct and that my signature shall have the same legal effect as if made in person. That I am an officer or director of the corporation or the agent or director or shareholder of the corporation and that my signature shall have the same legal effect as if made in person. I am a resident of the State of Florida and I am a resident of the State of Florida.

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

5/9/95 (314) 754 2004