

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **S63030** (8)

1. Corporation Name
CHIPPEYS ENTERPRISES, INC.



Principal Place of Business: **744 NW 107TH ST MIAMI FL 33168 US**
Mailing Address: **744 NW 107TH ST MIAMI FL 33168 US**

21	22	23	24	25	26	27	28	29	30
2. Principal Place of Business					2a. Mailing Address				
State, Apt. #, etc.					State, Apt. #, etc.				
City & State					City & State				
Zip		Country			Zip		Country		

3. Date incorporated or Qual. fee: **06/28/1991**
3a. Date of Last Report: **05/16/1995**
4. FLL Number: **65-0294751** (Applies 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. 194.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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

11. Pursuant to the provisions of Sections 607.0012 and 607.1509, 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. The corporation hereby accepts the appointment as registered agent. I am familiar with, and accept the obligations of, Sections 607.0012, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

11. TITLE	PD	<input type="checkbox"/> Delete
12. NAME	SHERIFF, DWIGHT	
13. STREET ADDRESS	12880 N.E. 4TH AVENUE	
14. CITY-STATE-ZIP	NORTH MIAMI FL	
15. TITLE	VD	<input type="checkbox"/> Delete
16. NAME	GRANT, ALAN	
17. STREET ADDRESS	12880 N.E. 4TH AVENUE	
18. CITY-STATE-ZIP	NORTH MIAMI FL	
19. TITLE	STD	<input type="checkbox"/> Delete
20. NAME	WILMOT, ANNA M.	
21. STREET ADDRESS	2030 N.W. 184TH STREET	
22. CITY-STATE-ZIP	MIAMI FL	
23. TITLE	M	<input type="checkbox"/> Delete
24. NAME	GRANT, ADRIAN O	
25. STREET ADDRESS	12880 NE 4TH AVE	
26. CITY-STATE-ZIP	N MIAMI FL	
27. TITLE		<input type="checkbox"/> Delete
28. NAME		
29. STREET ADDRESS		
30. CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	
13. STREET ADDRESS	
14. CITY-STATE-ZIP	
15. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
16. NAME	
17. STREET ADDRESS	
18. CITY-STATE-ZIP	
19. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
20. NAME	
21. STREET ADDRESS	
22. CITY-STATE-ZIP	
23. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
24. NAME	
25. STREET ADDRESS	
26. CITY-STATE-ZIP	
27. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
28. NAME	
29. STREET ADDRESS	
30. CITY-STATE-ZIP	

14. I do hereby certify that the information supplied in this filing is voluntarily furnished and does not qualify for the exemption established in Section 119.07(5)(a), 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 file 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 attached form 970, an address.

SIGNATURE: *Dwight J. Sheriff*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/96
(305) 75A-9004

CR2E034 (12/95)