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FILED
May 08 1997 8:00am
Secretary of State

PROFIT CORPORATION
 ANNUAL REPORT
1997



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

DOCUMENT # S63030 (8)

1. Corporation Name
CHIPPEYS ENTERPRISES, INC.



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

3. Date Incorporated or Qualified **06/28/1991** 3a. Date of Last Report **05/01/1996**
 4. FEI Number **65-0294751** 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 Country 29 Zip 30 Country

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)
7109 S.W. 166 TERRACE
 83
 84 City **PEMBROKE PINES** FL 85 Zip Code **33331**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SHERIFF, DWIGHT	
STREET ADDRESS	12880 N.E. 4TH AVENUE	
CITY - ST - ZIP	NORTH MIAMI FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	GRANT, ALAN	
STREET ADDRESS	12880 N.E. 4TH AVENUE	
CITY - ST - ZIP	NORTH MIAMI FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	WILMOT, ANNA M.	
STREET ADDRESS	2030 N.W. 184TH STREET	
CITY - ST - ZIP	MIAMI FL	
TITLE	M	<input type="checkbox"/> DELETE
NAME	GRANT, ADRIAN O	
STREET ADDRESS	12880 NE 4TH AVE	
CITY - ST - ZIP	N MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PDM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	SHERIFF, DWIGHT	
1.3 STREET ADDRESS	7109 SW. 166 TERRACE	
1.4 CITY - ST - ZIP	PEMBROKE PINES, FL. 33331	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	GRANT, ALAN	
2.3 STREET ADDRESS	7109 S.W. 166 TERRACE	
2.4 CITY - ST - ZIP	PEMBROKE PINES, FL 33331	
3.1 TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	WILMOT, ANNA M.	
3.3 STREET ADDRESS	8651 N.W. 24 TH COURT	
3.4 CITY - ST - ZIP	PEMBROKE PINES, FL 33024	
4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	GRANT, ADRIAN O	
4.3 STREET ADDRESS	7109 SW. 166 TERRACE	
4.4 CITY - ST - ZIP	PEMBROKE PINES, FL 33331	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
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 does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Dwight Sheriff* **SHERIFF, DWIGHT A. SHERIFF** 4/28/97 305-754-9004
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)