

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 JAN 26 AM 11:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V38573** (4)

1. Corporation Name

CLUCKER'S WOOD ROASTED CHICKEN, INC.

Principal Place of Business

Mailing Address

11900 BISCAYNE BLVD.
SUITE 509
MIAMI FL 33181
US

11900 BISCAYNE BLVD.
SUITE 509
MIAMI FL 33181
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 05/22/1992	3a. Date of Last Report 02/15/1994
4. FEI Number 65-0343280	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 109.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SCHARPS, DAVID L
11900 BISCAYNE BLVD
SUITE 509
MIAMI FL 33181

81 Name **CHARLES D. BARNETT**
82 Street Address (P.O. Box Number is Not Acceptable)
899 WEST CYPRESS CREEK ROAD, STE 500
83 **SUITE 500**
84 City **FT. LAUDERDALE** FL 85 Zip Code **33309**

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 *Charles D. Barnett* /1/11/95 DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	CP
NAME	SCHARPS, DAVID
STREET ADDRESS	11900 BISCAYNE BLVD #509
CITY-ST-ZIP	MIAMI FL
TITLE	VP
NAME	LEE, BRIAN
STREET ADDRESS	11900 BISCAYNE BLVD #509
CITY-ST-ZIP	MIAMI FL
TITLE	CPD
NAME	GREGORY G. DOLLARHYDE
STREET ADDRESS	899 WEST CYPRESS CREEK RD, STE 500
CITY-ST-ZIP	FT. LAUDERDALE, FL 33309
TITLE	D
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1.1 TITLE	CPD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	GREGORY G. DOLLARHYDE	
1.3 STREET ADDRESS	899 WEST CYPRESS CREEK RD, STE 500	
1.4 CITY-ST-ZIP	FT LAUDERDALE, FL 33309	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	ANDREW S. HOWARD	
2.3 STREET ADDRESS	899 WEST CYPRESS CREEK RD, STE 500	
2.4 CITY-ST-ZIP	FT LAUDERDALE, FL 33309	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	NICO B.M. LETSCHERT	
3.3 STREET ADDRESS	1801 CLINT MOORE ROAD	
3.4 CITY-ST-ZIP	BOCA RATON FL 33487	
4.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	DAVIDE. GOLDSTEIN	
4.3 STREET ADDRESS	11900 BISCAYNE BLVD, #509	
4.4 CITY-ST-ZIP	MIAMI, FL 33181	
5.1 TITLE	RONALD T. LINAGES VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	RONALD T. LINAGES	
5.3 STREET ADDRESS	11900 BISCAYNE BLVD #509	
5.4 CITY-ST-ZIP	MIAMI, FL 33181	
6.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	CHARLES D. BARNETT	
6.3 STREET ADDRESS	899 W. CYPRESS CREEK RD, STE 500	
6.4 CITY-ST-ZIP	FT LAUDERDALE, FL 33309	

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 110.07(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 in an amendment with an address.

SIGNATURE: *Charles D. Barnett* CHARLES D. BARNETT, 1/10/95 305 482-7317