

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Mar 24 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F40531** (8)
1. Corporation Name
BUD'S TAKE OUT CHICKEN, INC.

Principal Place of Business % MICHAEL A BRINKMAN 518 INDUSTRIAL AVE. #12 BOYNTON BEACH FL 33426	Mailing Address % MICHAEL A BRINKMAN 518 INDUSTRIAL AVE. #12 BOYNTON BEACH FL 33426
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 08/17/1981	4. FEI Number 59-2149229 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No
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9. Name and Address of Current Registered Agent BRINKMAN, MICHAEL A 509 BOYNTON BCH.BLVD. BOYNTON BEACH FL 33435				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			
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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

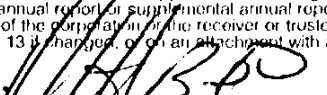
Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	☐ DELETE		1.1 TITLE	☐ Change ☐ Addition		
NAME	BRINKMAN, MICHAEL			1.2 NAME			
STREET ADDRESS	509 BOYNTON BCH.BLVD.			1.3 STREET ADDRESS			
CITY-ST-ZIP	BOYNTON BCH, FL 00000			1.4 CITY-ST-ZIP			
TITLE	ST	☐ DELETE		2.1 TITLE	☐ Change ☐ Addition		
NAME	BRINKMAN, MARK D.			2.2 NAME			
STREET ADDRESS	827 SOUTH ROAD			2.3 STREET ADDRESS			
CITY-ST-ZIP	BOYNTON BCH, FL 00000			2.4 CITY-ST-ZIP			
TITLE	VP	☐ DELETE		3.1 TITLE	☐ Change ☐ Addition		
NAME	BRINKMAN, THOMAS P.			3.2 NAME			
STREET ADDRESS	827 SOUTH ROAD			3.3 STREET ADDRESS			
CITY-ST-ZIP	BOYNTON BCH, FL 00000			3.4 CITY-ST-ZIP			
TITLE		☐ DELETE		4.1 TITLE	☐ Change ☐ Addition		
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		☐ DELETE		5.1 TITLE	☐ Change ☐ Addition		
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		☐ DELETE		6.1 TITLE	☐ Change ☐ Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I 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: 

1/20/98 726334

CR2E034 (10/97)