

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

**APPROVED
AND
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95 JAN 26 AM 11:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # F93000000034 (9)
1. Corporation Name
CLUCKER'S INTERNATIONAL FRANCHISE CORPORATION

Principal Place of Business Mailing Address
11900 BISCAYNE BLVD., SUITE 509 MIAMI FL 33181 US
11900 BISCAYNE BLVD., SUITE 509 MIAMI FL 33181 US

2. Principal Place of Business 2a. Mailing Address
21 ~~11900 BISCAYNE BLVD~~ 26
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Country
24 Zip 25 Country 29 Zip 30 Country

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 3a. Date of Last Report
01/05/1993 02/08/1994

4. FEI Number Applied For
65-0343288 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

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
BURNHAM, THOMAS
STE. 509
MIAMI FL 33181

10. Name and Address of New Registered Agent
81 Name CHARLES D. BARNETT
82 Street Address (P.O. Box Number is not acceptable) 899 West Cypress Creek Road
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* DATE 1/11/95

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BURNHAM, THOMAS
STREET ADDRESS	11900 BISCAYNE BLVD, STE 509
CITY - ST - ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	GREGORY G. DOLLARHYDE
1.3 STREET ADDRESS	899 W. CYPRESS CREEK RD, Suite 500
1.4 CITY - ST - ZIP	Ft. Lauderdale, FL 33309
2.1 TITLE	D/V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	DAVID E. GOLDSTEIN
2.3 STREET ADDRESS	11900 BISCAYNE BLVD, Suite 590
2.4 CITY - ST - ZIP	MIAMI, FL 33181
3.1 TITLE	D/V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	RONALD T. LINARES
3.3 STREET ADDRESS	11900 BISCAYNE BLVD, Suite 590
3.4 CITY - ST - ZIP	MIAMI, FL 33181
4.1 TITLE	3 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	CHARLES D. BARNETT
4.3 STREET ADDRESS	899 W. CYPRESS CREEK RD, Ste 500
4.4 CITY - ST - ZIP	Ft Lauderdale, FL 33309
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	bn 1131
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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 119.07(3)(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 this corporation or the receiver or trustee empowered to execute this report as required by Chapter 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Charles D. Barnett* CHARLES D. BARNETT 1/11/95 305 489-7317