FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

95 APR 25 AM 8:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F93000002846 (4)

1. Corporation Name

CHICK MASTER INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
120 SYLVAN AVENUE ENGLEWOOD CLIFFS NJ 07632	P.O. BOX 1250 ENGLEWOOD CLIFFS NJ 07632

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/18/1993	3a. Date of Last Report: 02/22/1994
4. FEI Number: 13-5660829	☐ 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	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

AZCUI, JOSE
3639 CORTEZ ROAD WEST, SUITE 102
BRADENTON FL 34210

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

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 of new registered agent) (Name of Registered Agent typed or printed) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	1.1 TITLE	☐ Change ☐ Addition
NAME	HOLZER, ROBERT B	1.2 NAME	
STREET ADDRESS	120 SYLVAN AVENUE	1.3 STREET ADDRESS	
CITY ST ZIP	ENGLEWOOD CLIFFS NJ 07632	1.4 CITY ST ZIP	
TITLE	V	2.1 TITLE	☐ Change ☐ Addition
NAME	MARGRANS, RALPH B	2.2 NAME	
STREET ADDRESS	120 SYLVAN AVENUE	2.3 STREET ADDRESS	
CITY ST ZIP	ENGLEWOOD CLIFFS NJ 07632	2.4 CITY ST ZIP	
TITLE	SD	3.1 TITLE	☐ Change ☐ Addition
NAME	HOLZER, EVA	3.2 NAME	
STREET ADDRESS	120 SYLVAN AVENUE	3.3 STREET ADDRESS	
CITY ST ZIP	ENGLEWOOD CLIFFS NJ 07632	3.4 CITY ST ZIP	
TITLE	CD	4.1 TITLE	☐ Change ☐ Addition
NAME	HOLZER, ERICH P	4.2 NAME	
STREET ADDRESS	120 SYLVAN AVENUE	4.3 STREET ADDRESS	
CITY ST ZIP	ENGLEWOOD CLIFFS NJ 07632	4.4 CITY ST ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	HOLZER, VIVIAN K	5.2 NAME	
STREET ADDRESS	120 SYLVAN AVENUE	5.3 STREET ADDRESS	
CITY ST ZIP	ENGLEWOOD CLIFFS NJ 07632	5.4 CITY ST ZIP	
TITLE		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 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)(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 1, 7 or Block 13 (if changed), or on any attachment with an address.

SIGNATURE: ✓ [signature] 4-19-95

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number #

0394803 FP