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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

SIGNATURE: \

DOCUMENT # F9300002846 (4) CHICK MASTER INTERNATIONAL, INC.					
OTHOR	WOLLI WILLIAM TOWNS				
Principal Place	of Business	Mailing Address		<u> </u>	
120 SYLVAN AVENUE P.O. BOX 1250 ENGLEWOOD CLIFFS NJ 07632 ENGLEWOOD CLIFFS		NJ 07632			
				3. Date incorporated or Qualified	3a. Date of Last Report
				06/18/1993	04/25/1995
2. Principal Place of Business		2a. Mailing Address		4. FEI Number 13-5660829	Applied For Not Applicable
Suite, Apt. #	f. etc.	Suite, Apt. #, etc.			\$8.75 Additional
2		27		5. Certificate of Status Desired	Fee Required
City & State		City & State		6, Election Campaign Financing	\$5.00 May Be
3		28	Country	Trust Fund Contribution 8. This corporation has liability for	Added to rees
Zip 4	Country 25	Zip	30	·	intarigiole tax brider s 199.032,
71	g. Name and Address of Curren			10. Name and Address of New F	Registered Agent
,			81 Name		
AZCUi, .	JOSE		82 Street Addr	ess (P.O. Box Number is Not Acceptate	ole)
	ORTEZ ROAD WEST, SUITE 102				
	ITON FL 34210		83		
			84 City		85 Zip Code
· · · · · · · · · · · · · · · · · · ·		(007.4500.5)		The same that this state word for the same	FL S Exp Code
or registere	ed agent, or both, in the State of Floric	ta. Such change was authoriz	ed by the corporation's boar	ration submits this statement for the pured of directors. I hereby accept the app	pointment as registered agent. I am
familiar with	h, and accept the obligations of, Secti	on 607.0505, Florida Statutes	S.		
SIGNATURE _	Signature, typed or printeo name of registered agent	and title if applicable (NC	DIE: Registered Agent signature require	d when reinstating)	DATE
12.	OFFICERS AND		13.		ICERS AND DIRECTORS IN 12
TITLE	PTD	☐ DELETE	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 07		1 4 CHTY-ST-ZIP		D Ohana D 44dina
TITLE	V	☐ DELETE	2 1 TITLE		☐ Charge ☐ Addition
NAME	MARGRANS, RALPH B		2 2 NAME		
STREET ADDRESS	120 SYLVAN AVENUE		2.3 STREET ADDRESS		
CHTY - ST - ZIP	ENGLEWOOD CUFFS NJ 07	632 ☐ DELETE	2.4 CITY-\$1-2IP 3. 1 TITLE		☐ Charge ☐ Addition
TITLE NAMÉ	SD EVA		3.2 NAME		
STREET ADDRESS	HOLZER, EVA 120 SYLVAN AVENUE		3.3 STREET ADDRESS		
CITY-ST-ZIP	ENGLEWOOD CLIFFS NJ 07	R32	3 4 CITY - ST- ZIP		
TITLE	CD	DELETE	4 1 TITLE		Charge Addition
NAME	HOLZER, ERICH P		4.2 NAME		
STREET ADDRESS	120 SYLVAN AVENUE		4.3 STREET ADDRESS		
CITY-ST-ZIP	ENGLEWOOD CLIFFS NJ 07	632	4.4 CITY - ST - ZIP		
TITLE	D	☐ DELETE	5 1 TITLE		Charige Addition
NAME	HOLZER, VIMAN K		5.2 NAME		
STREET ADDRESS	120 SYLVAN AVENUE		53 STREET ADDRESS		
CITY-ST-ZIP	ENGLEWOOD CLIFFS NJ 07		5.4 City-St-ZiP		Change Addition
TITLE		DELETE	6 1 TITLE		□ comings □ recontour
NAME CANCAL ADDRESS			62 NAME		
STHEET ADDRESS			6 3 STREET ADDRESS 6.4 CITY - ST - ZIP		
CITY-ST-ZIP 14. I do hereb	Level of that the information supplied to	with this filing is voluntarily fun	The state of the s	for the exemption stated in Section 119	9.07(3)(k), Florida Statutes. I further
certify that oath; that appears in	the information indicated on this annu I am an officer or director of the corpo Block 12 or Block 12 if changed, A	ual report or supplemental and pation of the receiver or truste on an altar innent with an add	nual report is true and accura se empowered to execute the liress.	for the exemption stated in Section 11st ate and that my signature shall have the is report as required by Chapter 607, F	e same legal effect as if made under florida Statutes; and that my name

Kanthe ALAN SHANDUK OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-27-96