

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

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # G25356 (8)

1. Corporation Name

ARNOLD'S FRIED CHICKEN, INC.

Principal Place of Business

~~42450 N.W. 7 AVE.~~
~~P.O. BOX 401~~
~~MIAMI FL 33100-7401~~

Mailing Address

~~42450 N.W. 7 AVE.~~
~~P.O. BOX 401~~
~~MIAMI FL 33100-7401~~

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified 02/24/1983	9a. Date of Last Report 05/01/1994
4. FCI Number 59-2343584	Applied Fee Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contributions ☐	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.052 Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business

7480 FAIRWAY DRIVE

Suite, Apt. #, etc.

SUITE 110

City & State

MIAMI LAKES, FL

Zip

33014

County

DADE

2a. Mailing Address

7480 FAIRWAY DRIVE

Suite, Apt. #, etc.

SUITE 110

City & State

MIAMI LAKES, FL

Zip

33014

County

DADE

9. Name and Address of Current Registered Agent

WAYNE, ARNOLD
13001 SW 14 PLACE
~~MIAMI FL~~
DAVE FL 33325

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 607.07(2) and 607.15(8), 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 607.05(6), Florida Statutes.

SIGNATURE

(Signature of Registered Agent, if the registered agent is not the corporation)

(Signature of Registered Agent, if the registered agent is not the corporation)

(Date)

12. OFFICERS AND DIRECTORS

1. TITLE	CEO
2. NAME	WAYNE, ARNOLD
3. STREET ADDRESS	13001 SW 14TH PLACE
4. CITY, ST, ZIP	MIAMI FL
5. TITLE	CEO
6. NAME	ARNOLD, WAYNE
7. STREET ADDRESS	12400 NW 7 AVE
8. CITY, ST, ZIP	MIAMI FL
9. TITLE	SECY/TREAS DIRECTOR
10. NAME	Kenneth G. SAKOWICZ
11. STREET ADDRESS	8530 SW 85 AVE
12. CITY, ST, ZIP	MIAMI FL 33143
13. TITLE	
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	
17. TITLE	
18. NAME	
19. STREET ADDRESS	
20. CITY, ST, ZIP	
21. TITLE	
22. NAME	
23. STREET ADDRESS	
24. CITY, ST, ZIP	

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	PRESIDENT/DIRECTOR	Change ☐ Addition ☒
2. NAME	WAYNE F. ARNOLD	
3. STREET ADDRESS	13001 SW 14TH PLACE	
4. CITY, ST, ZIP	DAVE, FL 33325	Change ☐ Addition ☒
5. TITLE		
6. NAME		
7. STREET ADDRESS		
8. CITY, ST, ZIP		Change ☐ Addition ☒
9. TITLE		
10. NAME		
11. STREET ADDRESS		
12. CITY, ST, ZIP		Change ☐ Addition ☐
13. TITLE		
14. NAME		
15. STREET ADDRESS		
16. CITY, ST, ZIP		Change ☐ Addition ☐
17. TITLE		
18. NAME		
19. STREET ADDRESS		
20. CITY, ST, ZIP		Change ☐ Addition ☐

14. I do hereby certify that the information supplied with this filing is accurately furnished and does not qualify for the exemption stated in Sections 191.07(4)(b), Florida Statutes. I further certify that the information on this filing 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 officer or director empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 12 or Block 13 of this filing, or on an attachment with an address.

SIGNATURE

(Signature of Kenneth G. Sakowicz)
Kenneth G. SAKOWICZ

S/TREAS

28 APRIL 95 305 8238871