## 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

K93449

(2)

DOCUMENT #
1. Corporation Name
CHICK'S AHOY, INC.

Principal Place	of Business	Mailing Address						
Principal Place of Business  C/O BONNIE G. GRUNBERG  5430 S.W. 24TH PLACE  CAPE CORAL FL 33914		C/O BONNIE G. GRUNBERG 5430 S.W. 24TH PLACE CAPE CORAL FL 33914						
					<ol> <li>Date Incorporated or Qualified 06/07/1989</li> </ol>	3a. Date of La 04/27	ist Report <b>/1995</b>	
2. Principal Plac 21	ce of Business	2a. Mailing Address 26			4. FEI Number 65-0123222		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	27		5. Cerlificate of Status Desired	4 1	\$8.75 Additional Fee Required	
City & State		City & State		. <u> </u>	Election Campaign Financing     Trust Fund Contribution		5.00 May Be Added to Fees	
Zip <b>24</b>	25 29		Zip Country 30		This corporation has liability for Florida Statutes	intangible tax und	ler s 199.032,	
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New F	legistered Agen	t	
^D/ N/DP			8	Name				
GRUNBERG, BONNIE G. 5430 S.W. 24TH PLACE CAPE CORAL FL 33914			8:	2 Street Addi	ress (P.O. Box Number is Not Acceptat	ole)		
			8	2				
V:	AINE LE COUTT		_					
			8-	4 City		FL 85	Zip Code	
or registered familiar with SIGNATURE S	d agent, or both, in the State of Flor n, and accept the obligations of, Sec Signature, typed or printed name of registered agen	rida. Such change was authoriz ction 607.0505, Florida Statutes দা and tille দিয়স্থাতিকাতি	zed by the cors.  OTE Registered Ag	rporation's boa		Ointment as regist	tered agent. I am	
12.	OFFICERS AN	ND DIRECTORS	13.	<del></del>	ADDITIONS/CHANGES TO OFF	<del></del>		
TILE	Grunberg, Bonnie G.	☐ DELETE	1. 1 TITLE			☐ Cha	ange [ Addition	
NAME STREET ADDRESS	5430 S.W. 24TH PLACE		1.2 NAMI	ET ADORESS				
CITY-ST-ZIP	CAPE CORAL FL		1.4 CITY					
TITLE	D	DELETE	2. 1 11	F		☐ Cha	ange Addition	
NAME	SHOCKEY, TAMMIE J.		2 2 NA	E.			_	
STREET ADDRESS	5430 S.W. 24TH PLACE		2.3 ST	FT ADDRESS			:	
CITY-ST-ZIP	CAPE CORAL FL			ST-ZIP				
TITLE		☐ DELETE	3.1↑	<u>i</u>		Cha	ange 🔲 Addition	
NAME			3.2 N					
STREET ADDRESS	•		3.3. \$	T ADDRESS				
CITY-ST-ZIP TITLE		DELETE	3.4 ( 4. 1.	37 - ZIP		☐ Cha	ange Addition	
NAME			4.21			···	inge   Noonbox	
STREET ADDRESS			4.3 \$	ADDRESS				
CITY-ST-ZIP			4.4 C	ST-ZIP				
Title		☐ DELETE	5. 1 T			☐ Cha	ange 🔲 Addition	
NAME			5.2 NA					
STREET ADDRESS			5.3 ST	ET ADDRESS				
CITY - ST - ZIP				· \$1-ZIP				
TITLE		☐ DELETE	ה ז זולנו			☐ Cha	ange [] Addition	
NAME			6.2 NAME					
STREET ADDRESS				ET ADDRESS				
CITY-ST-ZIP	codify that the information supplied	Luith this filing is valuntarily fur.	6.4 CITY		for the exemption stated in Section 119	07/31/b) Florida S	Heteton I further	
certify that t oath: that I	the information indicated on this ann	nual report or supplemental and poration or the receiver or truste	nual report is t	true and accura	ate and that my signature shall have the is report as required by Chapter 607, FI	same legal effect	as if made under	

SIGNATURE: SIGNATURE SIGNATURE OF SIGNATURE

CR2E034 (12/95)