

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**  
**Apr 18 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # K93449 (2)**

1. Corporation Name  
**CHICK'S AHOY, INC.**



Principal Place of Business <b>C/O BONNIE G. GRUNBERG                  5430 S.W. 24TH PLACE                  CAPE CORAL FL 33914</b>	Mailing Address <b>C/O BONNIE G. GRUNBERG                  5430 S.W. 24TH PLACE                  CAPE CORAL FL 33914-6690</b>
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3. Date Incorporated or Qualified <b>06/07/1989</b>	3a. Date of Last Report <b>04/16/1996</b>
4. FEI Number <b>65-0123222</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

**GRUNBERG, BONNIE G.  
 5430 S.W. 24TH PLACE  
 CAPE CORAL FL 33914**

10. Name and Address of New Registered Agent

81. Name  
 82. Street Address (P.O. Box Number is Not Acceptable)  
 83.  
 84. City  
 85. Zip Code **FL**

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, typed or printed name of registered agent and fee, if applicable) (NOTE: Registered Agent signature required when reappointing) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13.
TITLE	<b>D</b> <input type="checkbox"/> DELETE	11. TITLE
NAME	<b>GRUNBERG, BONNIE G.</b>	12. NAME
STREET ADDRESS	<b>5430 S.W. 24TH PLACE</b>	13. STREET ADDRESS
CITY-ST-ZIP	<b>CAPE CORAL FL</b>	14. CITY-ST-ZIP
TITLE	<b>D</b> <input type="checkbox"/> DELETE	21. TITLE
NAME	<b>SHOCKEY, TAMMIE J.</b>	22. NAME
STREET ADDRESS	<b>5430 S.W. 24TH PLACE</b>	23. STREET ADDRESS
CITY-ST-ZIP	<b>CAPE CORAL FL</b>	24. CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	31. TITLE
NAME		32. NAME
STREET ADDRESS		33. STREET ADDRESS
CITY-ST-ZIP		34. CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	41. TITLE
NAME		42. NAME
STREET ADDRESS		43. STREET ADDRESS
CITY-ST-ZIP		44. CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	51. TITLE
NAME		52. NAME
STREET ADDRESS		53. STREET ADDRESS
CITY-ST-ZIP		54. CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	61. TITLE
NAME		62. NAME
STREET ADDRESS		63. STREET ADDRESS
CITY-ST-ZIP		64. CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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14. I do hereby certify that the information supplied with this filing does not qualify for 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

CR2E034 (9/96)