

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # M82411 (3)

1. Corporation Name

BASIL'S FLAME BROILED CHICKEN, INC.

Principal Place of Business

Mailing Address

5803 1ST AVENUE DR., NORTHWEST  
BRADENTON FL 34209

5803 1ST AVENUE DR., NORTHWEST  
BRADENTON FL 34209



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	Country
24	Country	29	Zip
25		30	

3. Date Incorporated or Qualified

05/24/1988

3a. Date of Last Report

05/01/1995

4. FEI Number

65-0051238

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MALLIARAS, NICHOLAS G.  
5803 1ST AVE. DR.  
BRADENTON FL 33505

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 typed or printed name of registered agent and title (if applicable)

(If 911, Registered Agent's signature required when reinstating)

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	DELETE	11 TITLE		Change	Addition
NAME	MALLIARAS, NICHOLAS G		12 NAME			
STREET ADDRESS	5803 1ST AVE. DR., NW		13 STREET ADDRESS			
CITY - ST - ZIP	BRADENTON FL		14 CITY - ST - ZIP			
TITLE	D	DELETE	21 TITLE		Change	Addition
NAME	MALLIARAS, STAVROS G		22 NAME			
STREET ADDRESS	5803 1ST AVE. DR., NW		23 STREET ADDRESS			
CITY - ST - ZIP	BRADENTON FL		24 CITY - ST - ZIP			
TITLE	D	DELETE	31 TITLE		Change	Addition
NAME	MALLIARAS, GUS		32 NAME			
STREET ADDRESS	5803 1ST AVE. DR., NW		33 STREET ADDRESS			
CITY - ST - ZIP	BRADENTON FL		34 CITY - ST - ZIP			
TITLE		DELETE	41 TITLE		Change	Addition
NAME			42 NAME			
STREET ADDRESS			43 STREET ADDRESS			
CITY - ST - ZIP			44 CITY - ST - ZIP			
TITLE		DELETE	51 TITLE		Change	Addition
NAME			52 NAME			
STREET ADDRESS			53 STREET ADDRESS			
CITY - ST - ZIP			54 CITY - ST - ZIP			
TITLE		DELETE	61 TITLE		Change	Addition
NAME			62 NAME			
STREET ADDRESS			63 STREET ADDRESS			
CITY - ST - ZIP			64 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 19.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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-08/22/96--01092--059  
\*\*\*375.00  
X-8-9-96 941-7945222  
08/22/96

CR2E034 (3/96)