

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 24 PM 2: 55

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # P25319 (5)

1. Corporation Name
YAYA'S FLAME BROILED CHICKEN, INC.

Principal Place of Business Mailing Address
**521 90 DORT HWY 521 S. DORT HWY.
FLINT MI 48503 FLINT MI 48503
US US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **07/25/1989** 3a. Date of Last Report **04/19/1994**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21 Suits, Apt. #, etc.		26 Suits, Apt. #, etc.		3b-2864998		Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/> \$5.00 May Be Added to Fees	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> Yes <input type="checkbox"/> No	
24 Country		29 Country		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes			
				<input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CREIGHTON, PETER 4020 PARK ST. NORTH SUITE #200 ST. PETERSBURG FL 33709				81 Name Peter Creighton			
				82 Street Address (P.O. Box Number Not Acceptable) 8447 Merrimoor Blvd. E			
				83			
				84 City Largo 85 Zip Code FL 34647			

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 _____ DATE _____
Signature, typed or printed name of registered agent next line if applicable. (NOTE: Registered Agent signature required when reissuing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHINONIS, JOHN D.	1.2 NAME	
STREET ADDRESS	6009 PLANTATION	1.3 STREET ADDRESS	
CITY - ST - ZIP	GRAND BLANC MI	1.4 CITY - ST - ZIP	
TITLE	VSD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHINONIS, GUS C.	2.2 NAME	
STREET ADDRESS	8581 BURNING TREE DRIVE	2.3 STREET ADDRESS	
CITY - ST - ZIP	GRAND BLANC MI	2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 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 119.07(3)(b), 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 (Block 13 if changed, or on an attachment with an address).

SIGNATURE: *[Signature]* **4/12/95** **810 235550**
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR (Date) (Daytime Phone #)