FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 21 PM 2:40

DOCUMENT # P92000004713 (3)

1. Corporation Name
THE CHICK CORPORATION

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
2843 S BAYSHORE DR APT 16F COCONUT GROVE FL 33133	2843 S BAYSHORE DR APT 16F COCONUT GROVE FL 33133

3. Date Incorporated or Qualified: 11/05/1992
3a. Date of Last Report: 08/18/1994

2. Principal Place of Business	2a. Mailing Address
21 4019 Dutchess Ct.	26 4019 Dutchess Ct.
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Tallahassee, FL	28 City & State: Tallahassee, FL.
24 Zip: 32308 25 Country: USA.	29 Zip: 32308 30 Country: USA

4. FEI Number: 65-0366977 ☐ 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
SPENO, M. JEFFREY 2665 S BAYSHORE DR STE M-103 COCONUT GROVE FL 33133	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	D ☒ Change ☐ Addition
NAME	COHEN, ADAM	1.2 NAME	COHEN, ADAM
STREET ADDRESS	2843 S BAYSHORE DR #16F	1.3 STREET ADDRESS	4019 DUTCHESS CT.
CITY-ST-ZIP	COCONUT GROVE FL 33133	1.4 CITY-ST-ZIP	TALLAHASSEE, FL 32308
TITLE	PVST	2.1 TITLE	PVST ☒ Change ☐ Addition
NAME	COHEN, ADAM	2.2 NAME	COHEN, ADAM
STREET ADDRESS	2843 S BAYSHORE DR #16F	2.3 STREET ADDRESS	4019 DUTCHESS CT.
CITY-ST-ZIP	COCONUT GROVE FL 33133	2.4 CITY-ST-ZIP	TALLAHASSEE, FL 32308
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ 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)(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 asterisk.

SIGNATURE: _____ 3/14/95
SIGNATURE AND TYPED OR PRINTED NAME OF MAKING OFFICER OR DIRECTOR — Date — Daytime Phone #

0136572 CP