

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 # P92000004713 (3)

1. Corporation Name

THE CHICK CORPORATION



Principal Place of Business

Mailing Address

4019 DUTCHESS CT.  
APT 16F  
TALLAHASSEE FL 32308  
US

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APT 16F  
TALLAHASSEE FL 32308  
US

3. Date Incorporated or Qualified  
11/05/1992

3a. Date of Last Report  
03/21/1995

2. Principal Place of Business  
21 9036 SHOAL CREEK Dr.

2a. Mailing Address  
26 Suite, Apt #, etc

4. FEI Number  
65-0366977

Applied For  
Not Applicable

22 City & State  
23 TALLAHASSEE, FL  
24 Zip  
25 USA

27 City & State  
28 Zip  
29 Country

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  
2685 S BAYSHORE DR  
STE M-103  
COCONUT GROVE FL 33133

81 Name JOAN COHEN  
82 Street Address (P.O. Box Number is Not Acceptable)  
9036 SHOAL CREEK DRIVE  
83  
84 City TALLAHASSEE FL 85 Zip Code 32312

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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 Sections 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and the applicable

(Note: Registered Agent's signature required when instituting

7/29/96

12. OFFICERS AND DIRECTORS	
TITLE	DPVS <input type="checkbox"/> DELETE
NAME	COHEN, ADAM
STREET ADDRESS	4019 DUTCHESS CT.
CITY-ST-ZIP	TALLAHASSEE FL
TITLE	PVST <input checked="" type="checkbox"/> DELETE
NAME	COHEN, ADAM
STREET ADDRESS	2843 S BAYSHORE DR #16F
CITY-ST-ZIP	COCONUT GROVE FL 33133
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	DPVST COHEN, ADAM
1.3 STREET ADDRESS	9036 SHOAL CREEK DR.
1.4 CITY-ST-ZIP	TALLAHASSEE FL. 32312
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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)(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; I changed or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT.

7/29/96

904-893-7721

CR2E034 (3/96)