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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # P93000034183 (2)

CHICKENS USA OF N.Y., INC.

DO NOT WRITE IN THIS SPACE

1a. Principal Office Address	1b. Mailing Address
4026 ROBERT'S PT. RD. SIESTA KEY FL 34242 US	4026 ROBERT'S PT. RD. SIESTA KEY FL 34242 US

3. Date Incorporated or Qualified 05/10/1993	3a. Date of Last Report 05/01/1994
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2. Business Office Address	2a. Mailing Address
21. Suite, Apt. # etc.	26. Suite, Apt. # etc.
22. City & State	27. City & State
24. Zip	29. Zip

4. FEI Number 65-0421337	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under § 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**CASELLE, ROBERT E
2424 MANATEE AVE. W.
STE. 100
BRADENTON FL 34205**

10. Name and Address of New Registered Agent

B1. Name
B2. Street Address (P.O. Box Number is Not Acceptable)
B3. City
B4. State FL
B5. Zip Code

11. Pursuant to the provisions of §§ 605, 607, 609, and 607.036, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent in 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 §§ 607.036, Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS, IN 12	
NAME	DPT KAISER, RICHARD 4026 ROBERT'S PT. RD. SIESTA KEY FL	11. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		12. NAME	
CITY, ST., ZIP		13. STREET ADDRESS	
NAME	DVS MARCUS, IRA 1810 FRONT ST. E. MEADOWS NY	14. CITY, ST., ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		15. NAME	
CITY, ST., ZIP		16. STREET ADDRESS	
NAME		17. CITY, ST., ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		18. NAME	
CITY, ST., ZIP		19. STREET ADDRESS	
NAME		20. CITY, ST., ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		21. NAME	
CITY, ST., ZIP		22. STREET ADDRESS	
NAME		23. CITY, ST., ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		24. NAME	
CITY, ST., ZIP		25. STREET ADDRESS	
NAME		26. CITY, ST., ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		27. NAME	
CITY, ST., ZIP		28. STREET ADDRESS	
NAME		29. CITY, ST., ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		30. NAME	
CITY, ST., ZIP		31. STREET ADDRESS	

14. I, the undersigned, certify that the information supplied with this Report is voluntarily furnished and does not qualify for the exemption stated in §§ 605, 607, 609, Florida Statutes. I further certify that the information included on this annual report or the optional annual report is true and accurate and that my corporation shall have the same legal effect as if made under oath. That I am an officer or director of the corporation or the registered agent of the corporation and that my name shall appear on Block 1, or Block 2, of this report as an officer or director.

SIGNATURE: *Michael Kaiser*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-95 - 813-739 028