

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Jun 04 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997

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



DOCUMENT # P93000038888 (2)

1. Corporation Name
CHIEF'S BIRD CABIN, INC.



Principal Place of Business
4477 EDGEWATER DR.
ORLANDO FL 32804

Mailing Address
4477 EDGEWATER DR.
ORLANDO FL 32804-1230

| | | | | | |
|--------------------------------|---------|---------------------|---------|-----------------------------------------------------------------------------------------|--------------------------------|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified | 3a. Date of Last Report |
| 21 | | 26 | | 06/01/1993 | 03/25/1996 |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 4. FEI Number | Applied For |
| 22 | | 27 | | 59-3186219 | Not Applicable |
| City & State | | City & State | | 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| 23 | | 28 | | | \$5.00 May Be Added to Fees |
| Zip | Country | Zip | Country | 6. Election Campaign Financing Trust Fund Contribution | |
| 24 | 25 | 29 | 30 | 7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes | |
| | | | | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |

| | | | | | | | |
|----------------------------------------------------------------|--|--|--|--------------------------------------------------------------------------------|--|--|--|
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | | | |
| KULESZA, BRUCE A 11049 CHERRY LAKE RD. CLERMONT FL 34711 | | | | 81 Name Carolyn A. Kulesza | | | |
| | | | | 82 Street Address (P.O. Box Number is Not Acceptable) 11049 Cherry Lake Rd. | | | |
| | | | | 83 | | | |
| | | | | 84 City Clermont, FL | | | |
| | | | | 85 Zip Code 34711 | | | |

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 *Carolyn A. Kulesza* Carolyn A. Kulesza 4/18/97
Signature, typed, printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating)

| | | | | | | | |
|---------------------------------|--------------------|--|--|-------------------------------------------------------------------|--|--|--|
| 12. OFFICERS AND DIRECTORS | | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | | |
| <input type="checkbox"/> DELETE | | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE | D KULESZA, CAROLYN | | | 1.1 TITLE | | | |
| NAME | 4477 EDGEWATER DR. | | | 1.2 NAME | | | |
| STREET ADDRESS | ORLANDO FL 32804 | | | 1.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | 1.4 CITY-ST-ZIP | | | |
| <input type="checkbox"/> DELETE | | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE | | | | 2.1 TITLE | | | |
| NAME | | | | 2.2 NAME | | | |
| STREET ADDRESS | | | | 2.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | 2.4 CITY-ST-ZIP | | | |
| <input type="checkbox"/> DELETE | | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE | | | | 3.1 TITLE | | | |
| NAME | | | | 3.2 NAME | | | |
| STREET ADDRESS | | | | 3.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | 3.4 CITY-ST-ZIP | | | |
| <input type="checkbox"/> DELETE | | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE | | | | 4.1 TITLE | | | |
| NAME | | | | 4.2 NAME | | | |
| STREET ADDRESS | | | | 4.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | 4.4 CITY-ST-ZIP | | | |
| <input type="checkbox"/> DELETE | | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE | | | | 5.1 TITLE | | | |
| NAME | | | | 5.2 NAME | | | |
| STREET ADDRESS | | | | 5.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | 5.4 CITY-ST-ZIP | | | |
| <input type="checkbox"/> DELETE | | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE | | | | 6.1 TITLE | | | |
| 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 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 address.

SIGNATURE: *Carolyn A. Kulesza* Carolyn A. Kulesza 4/18/97 (407)292-6828

CR2E034 (9/96)