

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. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Jul 09 1996 8:00 am  
Secretary of State

DOCUMENT # P93000062795 (8)

1. Corporation Name

PALM BEACH CHICKEN, INC.

Principal Place of Business

Mailing Address

2889 10TH AVE N  
SUITE 303  
LAKE WORTH FL 33461  
US

P.O. BOX 32845  
1061 E INDIANTOWN RD SUITE 400  
PALM BEACH GARDENS FL 33410  
US

3. Date Incorporated or Qualified  
09/09/1993

3a. Date of Last Report  
06/15/1995

4. FEI Number  
65-0435531

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

24 Country

28 Zip

29 Country

30 33420-2845

31 US

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LIEM, ROBERT K.T.  
2889 10TH AVE. NORTH  
SUITE 303  
LAKE WORTH FL 33461

81 Name BOLTON, THOMAS A.

82 Street Address (P.O. Box Number is Not Acceptable)

11944 LAKE SHORE PLACE

83

84 City NORTH PALM BEACH

FL

85 Zip Code

33408

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

*Thomas A. Bolton*  
(Signature typed or printed name of registered agent and title if applicable)

THOMAS A. BOLTON, V.P. operation

6/29/96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P  
NAME LIEM, ROBERT K.T.  
STREET ADDRESS 2889 10TH AVE. NORTH, SUITE 303  
CITY-ST-ZIP LAKE WORTH FL

☐ DELETE

TITLE VP  
NAME BOLTON, TOM  
STREET ADDRESS 11863 LAKE SHORE PLACE  
CITY-ST-ZIP NORTH PALM BEACH FL

☒ DELETE

TITLE S  
NAME PREVOST, BRUCE F  
STREET ADDRESS 8292 NASHUA DRIVE  
CITY-ST-ZIP PALM BEACH GARDENS FL

☒ DELETE

TITLE T  
NAME BACCHUS, ALBAN  
STREET ADDRESS 2889 10TH AVENUE NORTH SUITE 301  
CITY-ST-ZIP LAKE WORTH FL

☐ DELETE

TITLE VPFR  
NAME KOO, VICTOR  
STREET ADDRESS 2824 S. SEACREST BLVD, SUITE 301  
CITY-ST-ZIP BOYNTON BEACH FL

☒ DELETE

TITLE VP  
NAME MANRIQUES, RUBEN  
STREET ADDRESS 221 TURNBERRY COURT NORTH  
CITY-ST-ZIP ATLANTIS FL

☒ DELETE

11 TITLE  
12 NAME  
13 STREET ADDRESS  
14 CITY-ST-ZIP

21 TITLE  
22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP

31 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP

41 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 CITY-ST-ZIP

VP  
BOLTON, THOMAS A  
11944 LAKE SHORE PLACE  
NORTH PALM BEACH, FL

S  
KOO, VICTOR  
4415 WOODFIELD BLVD  
BOYNTON, FL 33434

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 if changed, or on an attachment with an address.

SIGNATURE:

*Thomas A. Bolton*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DATE OF FILING

CR2E034 (3/96)