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FILED
May 14 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 # **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 ~~4061 E INDIANTOWN RD SUITE 400~~ PALM BEACH GARDENS FL 33420-2845 US

2. Principal Place of Business	2a. Mailing Address
21	26 P.O. Box 32845
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28 PALM BEACH GARDENS, FL.
Zip 24 / Country 25	Zip 29 33420-2845 / Country 30 US

3. Date Incorporated or Qualified: 09/09/1993
3a. Date of Last Report: 07/09/1996
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

9. Name and Address of Current Registered Agent

BOLTON, THOMAS A
11944 LAKE SHORE PLACE
~~**SUITE 000**~~
NORTH PALM BEACH FL ~~33401~~

Address Correction

10. Name and Address of New Registered Agent

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, THOMAS A. BOLTON, Vice President 4/28/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	LIEM, ROBERT K.T.		1.2 NAME		
STREET ADDRESS	2889 10TH AVE. NORTH, SUITE 303		1.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE WORTH FL		1.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	BOLTON, TOM		2.2 NAME		
STREET ADDRESS	11944 LAKE SHORE PLACE		2.3 STREET ADDRESS		
CITY-ST-ZIP	NORTH PALM BEACH FL		2.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	BACCHUS, ALBAN		3.2 NAME		
STREET ADDRESS	2889 10TH AVENUE NORTH SUITE 301		3.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE WORTH FL		3.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	KOO, VICTOR		4.2 NAME		
STREET ADDRESS	4415 WOODFIELD BLVD		4.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL		4.4 CITY-ST-ZIP		
TITLE	VP	☒ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	MANRIQUES, RUBEN		5.2 NAME		
STREET ADDRESS	221 TURNBERRY COURT NORTH		5.3 STREET ADDRESS		
CITY-ST-ZIP	ATLANTIS FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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: [illegible] Vice President 4/28/97