

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 # P93000077273 (9)

1. Corporation Name

"CHICAGO STYLE" TOP DOG, INC.



Principal Place of Business

Mailing Address

3140 CONWAY BLVD.
PORT CHARLOTTE FL 33952

3140 CONWAY BLVD.
PORT CHARLOTTE FL 33952

3. Date Incorporated or Qualified

11/05/1993

3a. Date of Last Report

08/11/1995

2. Principal Place of Business

21

Suite, Apt #, etc

22

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt #, etc

27

City & State

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

ROGERS, NORBERT K.
3140 CONWAY BLVD.
PORT CHARLOTTE FL 33952

10. Name and Address of New Registered Agent

81

Name

82

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

83

84

City

FL

85

Zip Code

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

Signature type for printed name of registered agent and director is acceptable.

(NOTE: Registered Agent signature required when re-registering.)

(Date)

12. OFFICERS AND DIRECTORS

TITLE PD
NAME ROGERS, NORBERT K.
STREET ADDRESS 3140 CONWAY BLVD.
CITY-ST-ZIP PORT CHARLOTTE FL

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Pres
1.2 NAME Rogers Jeffrey
1.3 STREET ADDRESS 3140 Conway Bl
1.4 CITY-ST-ZIP Port Charlotte FL 33952

Change Addition

2.1 TITLE D-T
2.2 NAME Rogers Norbert R
2.3 STREET ADDRESS 3140 Conway Bl
2.4 CITY-ST-ZIP Port Charlotte FL 33952

Change Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

Change Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

Change Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

Change Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Change Addition

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:

Norbert R. Rogers
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-5-96 941-255-1418

Date

Signature File #

CR2E034 (3/96)