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

2a. Mailing Address

City & State

Ζıρ

Suite, Apt. #, etc.

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**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P9400007230 (3) DOCUMENT #

CHICKEN TIME, INC.

2. Principal Place of Business

Suite, Apl. #, etc.

City & State

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Zip

1. 46	
Principal Place of Business	Mailing Address
2000 SE 31ST ST OCALA FL 34471	2980 SE 31ST ST OCALA FL 34471

Country

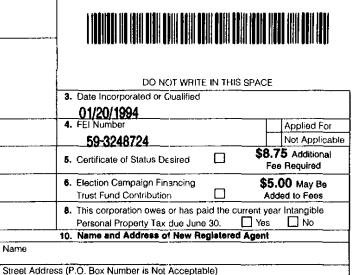
9. Name and Address of Current Registered Agent

25

SEDAN, WADY A 2980 SE 31ST ST

OCALA FL 34471

**FILED** Feb 13 1998 8:00am Secretary of State



Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Floride 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.

Country

81 Name

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City

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SIGNATURE Signature, typed or printed name of registered agent and titin if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE 11 TITLE Change Addition TITLE NAME DEL VALLE, MARIE 1.2 NAME CR2E034 2980 SE 31ST ST STREET ADDRESS 1.3 STREET ADDRESS CITY-ST-ZIP <u>OCALA FL 34471</u> 1.4 CITY-ST-ZIP DELETE Change Addition TITI F 21 TITLE NAME SEDAN, WADY A 22 NAME STREET ADDRESS 2980 SE 31ST ST 2.3 STREET ADDRESS **OCALA FL 34471** CITY-ST-ZIP 2.4 CITY - ST - ZIP DELETE TITLE 3.1 TITLE Change Addition 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition 4.1 TITLE TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP Change DELETE Addition TITLE 6.1 TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS

14. Thereby 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 officer or director of the corporation or the receiver or trustee empower Block 12 or Block 13 if changed, or on an attachment with an address

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