

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P94000075171 (6)

1. Corporation Name

FAMILY CHICKEN I, INC.



Principal Place of Business

1000 LINCOLN RD.  
SUITE 210  
MIAMI BCH. FL 33139

Mailing Address

1000 LINCOLN RD.  
SUITE 210  
MIAMI BCH. FL 33139

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

10/10/1994

3a. Date of Last Report

07/05/1995

4. FEI Number

65-0530002

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

10. Name and Address of New Registered Agent

JONES, ROMAN  
1000 LINCOLN RD.  
SUITE 210  
MIAMI BCH. FL 33139

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, typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent signature required when effecting change)

DATE

12. OFFICERS AND DIRECTORS

TITLE P  
NAME JONES, ROMAN  
STREET ADDRESS 1000 LINCOLN RD. #210  
CITY- ST- ZIP MIAMI BCH. FL 33139

DELETE

TITLE VP  
NAME HIMMATI, SIA  
STREET ADDRESS 1000 LINCOLN RD. #210  
CITY- ST- ZIP MIAMI BCH. FL 33139

DELETE

TITLE S  
NAME RUBINSON, MARILYN  
STREET ADDRESS 1000 LINCOLN RD. #210  
CITY- ST- ZIP MIAMI BCH. FL 33139

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 12 NAME Change Addition

1.2 NAME 13 STREET ADDRESS Change Addition

1.3 STREET ADDRESS 14 CITY- ST- ZIP Change Addition

1.4 CITY- ST- ZIP 2.1 TITLE 2.2 NAME Change Addition

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS Change Addition

2.3 STREET ADDRESS 2.4 CITY- ST- ZIP Change Addition

2.4 CITY- ST- ZIP 3.1 TITLE 3.2 NAME Change Addition

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS Change Addition

3.3 STREET ADDRESS 3.4 CITY- ST- ZIP Change Addition

3.4 CITY- ST- ZIP 4.1 TITLE 4.2 NAME Change Addition

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS Change Addition

4.3 STREET ADDRESS 4.4 CITY- ST- ZIP Change Addition

4.4 CITY- ST- ZIP 5.1 TITLE 5.2 NAME Change Addition

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS Change Addition

5.3 STREET ADDRESS 5.4 CITY- ST- ZIP Change Addition

5.4 CITY- ST- ZIP 6.1 TITLE 6.2 NAME Change Addition

6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS Change Addition

6.3 STREET ADDRESS 6.4 CITY- ST- ZIP Change Addition

6.4 CITY- ST- ZIP

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*[Signature]* PRESIDENT  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

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