FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

95 MAY -1 PM 12:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000090452 (1)

1. Corporation Name
JERK CHICKEN ETC. INC.

Principal Place of Business	Mailing Address
8210 N.E. 12TH AVENUE MIAMI FL 33138	8210 N.E. 12TH AVENUE MIAMI FL 33138

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/12/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 10223 N.W. 53RD STREET	26 10223 N.W. 53RD STREET
22 Suite, Apt. #, etc	27 Suite, Apt. #, etc
23 City & State: SUNRISE, FL	28 City & State: SUNRISE, FL
24 Zip: 33351 25 Country: USA	29 Zip: 33351 30 Country: USA

4. FEI Number: 65-0543355 ☐ 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

GRATH, HORACE G
8210 N.E. 12TH AVENUE
MIAMI FL 33138

10. Name and Address of New Registered Agent

81 Name: ODDMAN, ROYSTON M.
82 Street Address (P.O. Box Number is Not Acceptable):
83 1471 GOLFVIEW DRIVE EAST
84 City: PEMBROKE PINES, FL 85 Zip Code: 33026

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] R.M. ODDMAN, VP 5/9/95
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	D	11 TITLE	D/P ☑ Change ☐ Addition
NAME	GARTH, HORACE	12 NAME	GARTH, HORACE
STREET ADDRESS	8210 N.E. 12TH AVENUE	13 STREET ADDRESS	8210 N.E. 12TH AVENUE
CITY ST ZIP	MIAMI FL 33138	14 CITY ST ZIP	MIAMI, FL 33138
TITLE	D	21 TITLE	D/S/V ☑ Change ☐ Addition
NAME	ODDMAN, ROYSTON M	22 NAME	ODDMAN, ROYSTON M.
STREET ADDRESS	1471 GOLFVIEW DR EAST	23 STREET ADDRESS	1471 GOLFVIEW DRIVE EAST
CITY ST ZIP	PEMBROKE PINES FL 33026	24 CITY ST ZIP	PEMBROKE PINES, FL 33026
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	100001488241
STREET ADDRESS		53 STREET ADDRESS	-05/16/95--01018--005
CITY ST ZIP		54 CITY ST ZIP	****200.00 ****200.00
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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 above, or on an attachment with an address.

SIGNATURE: [signature] R.M. ODDMAN, VP 4/25/95 305/792-7349
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0145702 CP