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

PROFIT CORPORATION



FLORIDA DEPARTMENT OF STATE

INA	NUAL REPORT 1996	Secre	a B. Mortham tary of State CORPORATIONS			
DOCU 1. Corporat	JMENT # P9500	00075037 (8				
C. R.	CHICKS STUART, INC.					
Principal Dia	10					
Principal Place of Business 4234 NORTHLAKE BLVD PALM BEACH GARDENS FL 33410		Mailing Address 4234 NORTHLAKE BLVD PALM BEACH GARDENS FL 33410			C LEGENINGER LEG LEGISLA SOUTH CONTENTION OF THE TRANSPORT CONTENTION OF THE PROPERTY (SOUTH SECUND STATES SOUTH SECUND SECUND STATES SOUTH SECUND STATES SOUTH SECUND S	
207	2 0				3. Date Incorporated or Qualified 09/25/1995	3a. Date of Last Report
21	Philodof Business AVE P	2a. Mailing Address	AVE P		4. FEI Number	Applied For
22 Stite Apr	t. #, etc. 4A	(Clift), Apt. #, etc.			5. Certificate of Status Desired	Not Applicable \$8.75 Additional
City & Sta	THE BLH F LA	City & State	Q., r	Δ	6. Election Campaign Financing	Fee Required \$5.00 May Be
Zip	Country C	28 (2) VK2(2A	BUH FL	<i>1</i>)	Trust Fund Contribution	Added to Fees
24 35	9. Name and Address of Curre	1 Registered Agent	30 USF	}	This corporation has liability for Florida Statutes	s □No
SALLE			81 Name)	10. Name and Address of New	Registered Agent
Sallen, Christopher R 4234 Northlake Blyd				Addres:	(P.O. Box Number is Not Acceptal	ble)
PALM E	BEACH GARDENS FL 33410		83			
			84 City			85 Zip Code
11. Pursuant or registe	to the provisions of Sections 607.0502 gred agent, or both, in the State of Floric fith, and accept the obligations of, Section	and 607.1508, Florida Statutes	s, the above-named c	orporation	in submits this statement for the pu	FL 3 240 Code
familiar w SIGNATURE	ith, and accept the obligations of, Secti	on 607.0505, Florida Statutes.	D by the corporation's	s board o	of directors. I hereby accept the app	ointment as registered agent. I am
12.	Signature, typed or printed name of registered agent	and title diapplicable (NOTE	: Registered Agent signatura	required wh	en reinstaring)	DAY
TITLE	OFFICERS AND	DIRECTORS DELETE	13.		ADDITIONS/CHANGES TO OFF	
NAME			1 1 TITLE 1.2 NAME	PRE	HARD DAVIS	Change 💢 Addition
STREET ADDRESS CITY-ST-ZIP			1.3 STREET ADDRESS	: 3	23 EAGLETON GO	OLFOR
TITLE		DELETE	2. 1 TITLE	PB	GANOWS, FLA	33448
NAME STREET ADDRESS			2.2 NAME		LISTOPHEN R. SALL	Change Addition
CITY-ST-ZIP			2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	16 7	14 S. 441551021	0Ž
TITLE NAME		☐ DELĘTE	3. 1 TITLE	- 6 P	ns wenth, Fup	Change Addition
STREET ADDRESS			3.2 NAME 3.3. STREET ADDRESS			/ Monitori
CITY-ST-ZIP TITLE			3.4 CITY-SI-ZIP			
NAME	,	DELFTE	4. 1 TITLE			Change Addition
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP TITLE		DELETE	4.4 CITY - ST-ZIP			
NAME		E) percit	5 1 TITLE 5 2 NAME			☐ Change ☐ Addition
STREET ADDRESS CITY-ST-ZIP			5 3 STREET ADDRESS			}
TITLE		DELETE	5.4 CITY+ST-ZIP 6. 1 TITLE			
NAME STREET ADDRESS			6.2 NAME			Change Addition
CITY-ST-ZIP			6.3 STREET ADDRESS			
 I do hereby certify that t 	certify that the information supplied with the information indicated on this annual am an officer or director of the corpora Block 12 or Ble 2013 inchanged	h this filing is voluntarily furnishe report or supplemental appuret	64 CITY-ST-ZIP	fy for the	exemption stated in Section 119.0	7(3)(k), Florida Statutes I further
oatn; that I appears in I	am an officer or director of the corpora Block 12 or Block 13 I changed or on	tion or the receiver or trustee en an attachment with an address.	npowered to execute .	this repo	o that my signature shall have the so ort as required by Chapter 607, Flor	ame legal effect as if made under ida Statutes; and that my name
SIGNAT	URE: (WING)	M AHI			2. SALLEN 5-9.	44.5
	SIGNATURE AND TYPED OR P	RINTED NAME OF SIGNING OFFICER OF	OF COR	<u> </u>	- /rugy 5)	76 \$42-4593