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. Mortnam

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P95000085518 (5)

CHICKEN BASKET INC

Principal Place of Business

Mailing Address



3. Date Incorporated or Qualified 11/06/1995 2. Principal Place of Business 2. Applied For 26 Suite, Apt #, etc. 2. Suite, Apt #, etc. 2. Suite, Apt #, etc. 3. Date Incorporated or Qualified 11/06/1995 4. FEI Number 333 9492 5. Certificate of Status Desired Fee Required Fee Required 7. City & State 3. Date of t ast Report 11/06/1995 6. Election Campaign Financing Trust Fund Contribution Added to Fees 27 Added to Fees 28 7. Country 7. Country 8. This corporation has hability for intang-ble tax under s. 199 032	6680 - 108 POWERS AVE JACKSONVILLE FL 32217			6680 - 108 POWERS AVE JACKSONVILLE FL 32217					
2. Prince of Business 2.6 Maning Address 3. Fill Name 3. Certificate of State 3. Certificate 3. Cert		- 1					11/06/1995	None.	
Suite, April 4, etc. Solid	2. Principal Pt	ace of Business	2a. Mailing A	Address			4. FEI Number	Applied For	
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25 29 30 Florids Statutes Lyrice No		Country			Country		8. This corporation has hability for	intang ble tax under s. 199 032	
B1 Name S482 SANTA ROSA WAY #3 JACKSONMILE FL 32211 82 Stroet Address (P.O. Box Number is Not Acceptable)	24	25	29	30					
Signature Delete		9. Name and Address of C	urrent Registered Age	nt			10. Name and Address of New Re	gistered Agent	
\$452 SANTA ROSA WAY #3 3 3 5 5 5 7 5	QU	ORI. SAM			81	Name			
STATE						82 Street Address (P.O. Box Number is Not Acceptable)			
Section Sect					_				
Personnel to the precisions of Sections 6D7 (550) And 6D7 1508 Fernish Stations the above-manual corporation submiss this stationized this purpose of changing its equisions of general manual with and accept the obligations of Section 607,0505, Florida Statules Signature					83				
### Change DELETE DELETE STREET ADDRESS STREET AD					84	City		FL 85 Zip Code	
12.	office or re	caistered agent, or both, in the S	State of Florida, Such c	hange was author	ized by	the corpor	rporation submits this statement for the p ation's board of directors. I hereby accep	urpose of changing its registered If the appointment as registered	
TITLE	SIGNATURE	Stonature typed or printed name of register	ed agent and title it applicable	(NOTE fee)	eltered Age	nt signature re	quined when reinstating)	DATE	
NAME	12.	OFFICER	S AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFI		
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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 significant shall have the same legal effect as it made under oath; that I arm 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-25-96 (901)730-0894