

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P95000097773 (2)

1. Corporation Name  
CHURCHS CHICKEN #340, INC.

Principal Place of Business  
3815 NORTH ARMENIA AVENUE  
TAMPA FL 33607

Mailing Address  
3815 NORTH ARMENIA AVENUE  
TAMPA FL 33607-1305

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/28/1995		3a. Date of Last Report 04/16/1996	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-3349891		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City

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 not a partner, officer, director, or shareholder of the corporation.

SIGNATURE *by: Natalya L. Herrera, Vice President* DATE *2/18/97*

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	D
NAME	SANTACRUZ, JOSE I	1.2 NAME	Santacruz, Jose I.
STREET ADDRESS	3815 NORTH ARMENIA AVENUE	1.3 STREET ADDRESS	3815 North Armenia Avenue
CITY-ST-ZIP	TAMPA FL 33607	1.4 CITY-ST-ZIP	Tampa, Florida 33607
TITLE	STD	2.1 TITLE	ST
NAME	SANTACRUZ, THELDRA F	2.2 NAME	Santacruz, Theldra F.
STREET ADDRESS	3815 NORTH ARMENIA AVENUE	2.3 STREET ADDRESS	3815 North Armenia Avenue
CITY-ST-ZIP	TAMPA FL 33607	2.4 CITY-ST-ZIP	Tampa, Florida 33607
TITLE		3.1 TITLE	PD
NAME		3.2 NAME	Santacruz, David J.
STREET ADDRESS		3.3 STREET ADDRESS	3815 North Armenia Avenue
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Tampa, Florida 33607
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby 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 Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* DATE: *2/18/97*

CR2E034 (9/96)