

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

FILED  
Apr 25 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P96000010808 (9)

1. Corporation Name  
CHICKEN CENTRAL, INC.

Principal Place of Business

1110 BRICKELL AVENUE  
7TH FLOOR  
MIAMI FL 33131

Mailing Address

1110 BRICKELL AVENUE  
7TH FLOOR  
MIAMI FL 33131-3132



2. Principal Place of Business

21 12801 W. Sunrise Blvd

Suite, Apt. #, etc.

22 # 227

City & State

23 Sunrise FL

24 Zip 33323

Country

2a. Mailing Address

26 12801 W. Sunrise Blvd

Suite, Apt. #, etc.

27 # 227

City & State

28 Sunrise FL

29 Zip 33323

Country

3. Date Incorporated or Qualified

02/05/1996

3a. Date of Last Report

4. FEI Number

65-0647271

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$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

LEVINE, ALAN W  
1110 BRICKELL AVENUE  
7TH FLOOR  
MIAMI FL 33131

10. Name and Address of New Registered Agent

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PSTD ☐ DELETE

NAME JONES, ROMAN  
STREET ADDRESS 1110 BRICKELL AVE. 7TH FLOOR  
CITY-ST-ZIP MIAMI FL 33131

TITLE D ☒ DELETE

NAME JONES, ROMAN  
STREET ADDRESS 1110 BRICKELL AVE. 7TH FLOOR  
CITY-ST-ZIP MIAMI FL 33131

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE Sia Hemmati (V.P.) ☐ Change ☒ Addition

12 NAME 12801 W. Sunrise Blvd #227  
13 STREET ADDRESS Sunrise FL 33323

14 CITY-ST-ZIP ☒ Change ☐ Addition

21 TITLE President  
22 NAME Roman Jones  
23 STREET ADDRESS 12801 W. Sunrise Blvd #227  
24 CITY-ST-ZIP Sunrise FL 33323

31 TITLE ☐ Change ☐ Addition

32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME  
63 STREET ADDRESS  
64 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]*

4/15/97

CR2E034 (9/96)