

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
May 28 1998 8:00am
Secretary of State

DOCUMENT # P96000010808 (9)
Corporation Name
CHICKEN CENTRAL, INC.

Principal Place of Business		Mailing Address		DO NOT WRITE IN THIS SPACE	
12801 W SUNRISE BLVD 227 SUNRISE FL 33323 US		12801 W SUNRISE BLVD 227 SUNRISE FL 33323 US		Date Incorporated or Qualified 02/05/1996	
Principal Place of Business		Mailing Address		FEI Number	
21		26		65-0647271	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Certificate of Status Desired <input type="checkbox"/> \$8.75 A.C. Fee Requ	
22		27		Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 M Added to	
City & State		City & State		This corporation owes or has paid the current year Intan Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
23		28			
Zip		Zip			
24		29		30	
Name and Address of Current Registered Agent				Name and Address of New Registered Agent	

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

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
FL	85 Zip Co

Pursuant to the provisions of Sections 607.0502 and 607.1506, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its principal 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 new 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 legal applicator

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS			
TITLE	PSTD	<input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change
NAME	JONES, ROMAN		1.2 NAME
STREET ADDRESS	1110 BRICKELL AVE. 7TH FLOOR		1.3 STREET ADDRESS
CITY - ST - ZIP	MIAMI FL 33131		1.4 CITY - ST - ZIP
TITLE	P	<input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change
NAME	JONES, ROMAN		2.2 NAME
STREET ADDRESS	12801 W SUNRISE BLVD #227		2.3 STREET ADDRESS
CITY - ST - ZIP	SUNRISE FL		2.4 CITY - ST - ZIP
TITLE	VP	<input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change
NAME	HEMMATI, SIA		3.2 NAME
STREET ADDRESS	12801 W SUNRISE BLVD. #227		3.3 STREET ADDRESS
CITY - ST - ZIP	SUNRISE FL		3.4 CITY - ST - ZIP
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change
NAME			4.2 NAME
STREET ADDRESS			4.3 STREET ADDRESS
CITY - ST - ZIP			4.4 CITY - ST - ZIP
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change
NAME			5.2 NAME
STREET ADDRESS			5.3 STREET ADDRESS
CITY - ST - ZIP			5.4 CITY - ST - ZIP
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change
NAME			6.2 NAME
STREET ADDRESS			6.3 STREET ADDRESS
CITY - ST - ZIP			6.4 CITY - ST - ZIP

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Tel # (954) 232-0220

I 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 info 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, 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 appear Block 12 or Block 13 if changed, on an attachment with an address

4-29-98