

FILED

May 28 1998 8:00am  
Secretary of StatePROFIT  
CORPORATION  
ANNUAL REPORT  
1998FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P96000102482 (2)

Corporation Name

FAMILY CHICKEN IV, INC.

Principal Place of Business

12801 W SUNRISE BLVD  
851  
SUNRISE FL 33323  
US

Mailing Address

12801 W SUNRISE BLVD  
851  
SUNRISE FL 33323  
US

DO NOT WRITE IN THIS SPACE

Date Incorporated or Qualified

12/20/1996

FEI Number

65-0722242

Applied

Not App

Certificate of Status Desired

\$8.75 Additl  
Fee Require

Election Campaign Financing

\$5.00 May

Trust Fund Contribution

Added to Fee

This corporation owes or has paid the current year intangib  
Personal Property Tax due June 30. ☐ Yes ☐ No

Principal Place of Business

21

Suite, Apt. #, etc

22

City &amp; State

23

Zip

Country

24

Mailing Address

26

Suite, Apt. #, etc

27

City &amp; State

28

Zip

Country

29

30

Name and Address of Current Registered Agent

LEVINE, ALAN W ESQ.  
1110 BRICKELL AVE. 7TH FLOOR  
MIAMI FL 33131

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

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 regis  
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 regis  
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's signature required when re-instating)

DATE

## OFFICERS AND DIRECTORS

|                |                              |                                 |                    |  |
|----------------|------------------------------|---------------------------------|--------------------|--|
| TITLE          | PTD                          | <input type="checkbox"/> DELETE | 1.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> A |
| 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          | VSD                          | <input type="checkbox"/> DELETE | 2.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> A |
| NAME           | HEMMATI, SIA                 |                                 | 2.2 NAME           |  |
| STREET ADDRESS | 12801 W SUNRISE BLVD #851    |                                 | 2.3 STREET ADDRESS |  |
| CITY- ST- ZIP  | SUNRISE FL                   |                                 | 2.4 CITY- ST- ZIP  |  |
| TITLE          |                              | <input type="checkbox"/> DELETE | 3.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> A |
| NAME           |                              |                                 | 3.2 NAME           |  |
| STREET ADDRESS |                              |                                 | 3.3 STREET ADDRESS |  |
| CITY- ST- ZIP  |                              |                                 | 3.4 CITY- ST- ZIP  |  |
| TITLE          |                              | <input type="checkbox"/> DELETE | 4.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> A |
| 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 <input type="checkbox"/> A |
| 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 <input type="checkbox"/> A |
| NAME           |                              |                                 | 6.2 NAME           |  |
| STREET ADDRESS |                              |                                 | 6.3 STREET ADDRESS |  |
| CITY- ST- ZIP  |                              |                                 | 6.4 CITY- ST- ZIP  |  |

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 inform  
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  
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.