

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 24, 2004 8:00 am
Secretary of State

02-24-2004 90035 001 ***600.00

DOCUMENT # P97000087237

1. Entity Name

KFC WEST FORK, INC.



Principal Place of Business

2501 HOLLYWOOD BOULEVARD
SUITE 220
HOLLYWOOD FL 33020

Mailing Address

2501 HOLLYWOOD BOULEVARD
SUITE 220
HOLLYWOOD FL 33020

66402970



MOORE CR2E034 (11/03)

2. Principal Place of Business

KFC WEST FORK #8

3. Mailing Address

Suite, Apt. #, etc.

15821 Pines Blvd

Pembroke Pines, FL

City & State

Zip
33027

Country
USA

Zip

Country

4. FEI Number

65-0816277

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SREBRENIK, BURT
2501 HOLLYWOOD BOULEVARD
SUITE 220
HOLLYWOOD FL 33020

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
D
SCHWARTZ, JOSEPH L
STREET ADDRESS
4040 SHERIDAN ST.
CITY-ST-ZIP
HOLLYWOOD F; 33021 ☐ Delete

TITLE
NAME
D
GRACE, DONNA I
STREET ADDRESS
4040 SHERIDAN ST.
CITY-ST-ZIP
HOLLYWOOD F; 33021 ☐ Delete

TITLE
NAME

STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME

STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME

STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME

STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

12. 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 information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Charles Ortiz, Adm. Assist* C.ORTIZ 2/17/04 9549201802
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

X200