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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # S52061

(6)

CHICKIES CLUB SOUTH, INC.

FILED Apr 10 1998 8:00am Secretary of State

Principal Place of Business Mailing Address					811 81811 BIBIA BIBIA 81811 81811 81811 1681
2388 UNIVERSITY DRIVE 710 ST ALBANS DR					
CORAL SPRINGS FL 33065 BOC/		BOCA RATON FL 33486		DO NOT WRITE IN	THIS SPACE
08				3. Date Incorporated or Qualified	
				05/10/1991	
<u> </u>	lace of Business	2a. Mailing Address	* *	4. FEI Number	Applied For
21 26 2388 UNIVEN. Suite, Apt. #, etc. Suite, Apt. #, etc.		ITY DRIVE	_	Not Applicable S8.75 Additional	
27		}—¬		5. Certificate of Status Desired	Fee Required
City & State	е	City & State	•	6. Election Campaign Financing	\$5.00 May Be
23			INGS , FL.	Trust Fund Contribution	Added to Fees
Zip	Country	Zip 29 33 04.5 30	Country	8. This corporation owes or has paid to	
24	g. Name and Address of Curren		us	Personal Property Tax due June 30 10. Name and Address of New Regis	
0111					
WENTWORTH, MARION E. 710 ST ALBANS DR			82 Street	ROBIN STANTON Address (P.O. Box Number is Not Acceptable)	
BOCA RATON FL 33486			Street /	2388 University	
			83		
1			84 City		85 Zip Code
				oral Springs	FL 33065
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. Fam familia with, and accept the obligations of. Section 607.0505, Florida Statutes.					
SIGNATURE Signature report of printed hand of registered agent and title if applitation (NOTE: Registered Agent signature required when reinstalling) DATE					
12.	OFFICERS ANI		13.	ADDITIONS/CHANGES TO OFFICER	
TITLE	PD	☐ DELETE	1.1 TITLE	PRES, 1 fact.	Change Addition
NAME	WENTWORTH, MARION E		1.2 NAME	ROBIN STANTON	
STREET ADDRESS	710 ST ALBANS DR		1.3 STREET ADDRESS	23 88 UNIVERSITY DR	1 2226
CITY-ST-ZIP TITLE	BOCA RATON FL S	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE	CORAL SPRINGS , FL.	Change Addition
NAME	WENTWORTH, GREGORY	_ peare	2.2 NAME		
STREET ADDRESS	390 SE 28TH AVE.		2.3 STREET ADDRESS		
CITY-ST-ZIP	POMPANO BEACH FL 33062		2. 4 CITY - ST - ZIP		
TITLE		☐ DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP		Driete	3.4. CITY-ST-ZIP	- Harris Harris - Har	Change Addition
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME Street address			4. 2 NAME 4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME		_	5.2 NAME		· · · · ·
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY - ST - ZIP		
TITLE		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		
14. I hereby of	certify that the information supplied w	ith this filing does not qualify for t	ne exemption state	d in Section 119.07(3)(i), Florida Statutes. I fur	ther 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 it made under oath; that I am ar 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 artifess.

4/1/ 00