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May 08 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 # S63030 (8)

1. Corporation Name  
CHIPPEYS ENTERPRISES, INC.

Principal Place of Business

744 NW 107TH ST  
MIAMI FL 33168  
US

Mailing Address

744 NW 107TH ST  
MIAMI FL 33168-2101  
US



3. Date Incorporated or Qualified 06/28/1991  
3a. Date of Last Report 05/01/1996

4. FEI Number 65-0294751  
Applied For Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

SHERIFF, DWIGHT  
12880 N.E. 4TH AVENUE  
NORTH MIAMI FL 33161

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
7109 S.W. 166 TERRACE  
83  
84 City PEMBROKE PINES FL 85 Zip Code 33331

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	PD	<input type="checkbox"/> DELETE
NAME	SHERIFF, DWIGHT	
STREET ADDRESS	12880 N.E. 4TH AVENUE	
CITY - ST - ZIP	NORTH MIAMI FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	GRANT, ALAN	
STREET ADDRESS	12880 N.E. 4TH AVENUE	
CITY - ST - ZIP	NORTH MIAMI FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	WILMOT, ANNA M.	
STREET ADDRESS	2030 N.W. 184TH STREET	
CITY - ST - ZIP	MIAMI FL	
TITLE	M	<input type="checkbox"/> DELETE
NAME	GRANT, ADRIAN O	
STREET ADDRESS	12880 NE 4TH AVE	
CITY - ST - ZIP	N MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PDM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	SHERIFF, DWIGHT	
1.3 STREET ADDRESS	7109 SW. 166 TERRACE	
1.4 CITY - ST - ZIP	PEMBROKE PINES, FL. 33331	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	GRANT, ALAN	
2.3 STREET ADDRESS	7109 S.W. 166 TERRACE	
2.4 CITY - ST - ZIP	PEMBROKE PINES, FL 33331	
3.1 TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	WILMOT, ANNA M.	
3.3 STREET ADDRESS	8651 N.W. 24TH COURT	
3.4 CITY - ST - ZIP	PEMBROKE PINES, FL 33024	
4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	GRANT, ADRIAN O	
4.3 STREET ADDRESS	7109 SW. 166 TERRACE	
4.4 CITY - ST - ZIP	PEMBROKE PINES, FL 33331	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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]* DATE: 4/28/97 305-754-9004  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)