

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

FILED
May 13 1998 8:00am
Secretary of State

DOCUMENT # S98129 (7)
1. Corporation Name
CHICKEN LICKIN, INC.



Principal Place of Business Mailing Address
5301 CEDAR LAKE RD
SUITE 9-212
BOYNTON BCH FL 33437
US
5301 CEDAR LAKE RD
SUITE 9-212
BOYNTON BCH FL 33437
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 707 7th WAY Suite, Apt. #, etc. 22 City & State 23 WEST PALM BEACH FL. Zip Country 24 33407 25 U.S.A.		2a. Mailing Address 26 707 7th WAY Suite, Apt. #, etc. 27 City & State 28 WEST PALM BEACH FL. Zip Country 29 33407 30 U.S.A.		3. Date Incorporated or Qualified 12/03/1991 4. FEI Number 65-0200991 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
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9. Name and Address of Current Registered Agent KLEIMAN, LARRY 5301 CEDAR LAKE RD APT 9-212 BOYNTON BEACH FL 33437				10. Name and Address of New Registered Agent 81 Name KLEIMAN, LARRY 82 Street Address (P.O. Box Number is Not Acceptable) 707 7th WAY 83 84 City WEST PALM BEACH FL 85 Zip Code 33407			
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PST	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KLEIMAN, LARRY	1.2 NAME	
STREET ADDRESS	5301 CEDAR LAKE RD, APT 9-212	1.3 STREET ADDRESS	707 7th WAY
CITY-ST-ZIP	BOYNTON BEACH FL	1.4 CITY-ST-ZIP	WEST PALM BEACH FL 33407
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KLEIMAN, LARRY	2.2 NAME	
STREET ADDRESS	5301 CEDAR LAKE RD, APT 9-212	2.3 STREET ADDRESS	707 7th WAY
CITY-ST-ZIP	BOYNTON BEACH FL	2.4 CITY-ST-ZIP	WEST PALM BEACH FL 33407
TITLE	V	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUSTY, LARRY	3.2 NAME	
STREET ADDRESS	916 W. PINE STR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	LANTANA FL	3.4 CITY-ST-ZIP	
TITLE	V	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUSTY, JAMES	4.2 NAME	
STREET ADDRESS	916 W. PINE STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	LANTANA FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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 _____ LARRY KLEIMAN 4/26/98 65-0200991

CR2E034 (10/97)