

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90206 032 ***150.00

DOCUMENT # S98129

1. Corporation Name
CHICKEN LICKIN, INC.



Principal Place of Business
707 7TH WAY
SUITE 9-212
W. PALM BEACH FL 33407
US

Mailing Address
707 7TH WAY
SUITE 9-212
W. PALM BEACH FL 33407
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.

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.

3. Date Incorporated or Qualified
12/03/1991

4. FEI Number
65-0200991

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 owes the current year Intangible Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

KLEIMAN, LARRY
707 7TH WAY
APT 9-212
W. PALM BEACH FL 33407

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
707 7TH WAY
83
84 City WEST PALM BEACH FL 85 Zip Code 33407

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	PST	<input type="checkbox"/> DELETE
NAME	KLEIMAN, LARRY	
STREET ADDRESS	707 7TH WAY	
CITY-ST-ZIP	W. PALM BEACH FL 33407	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KLEIMAN, LARRY	
STREET ADDRESS	707 7TH WAY	
CITY-ST-ZIP	W. PALM BEACH FL 33407	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	DUSTY, LARRY	
STREET ADDRESS	916 W. PINE STR.	
CITY-ST-ZIP	LANTANA FL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	DUSTY, JAMES	
STREET ADDRESS	916 W. PINE STREET	
CITY-ST-ZIP	LANTANA 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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 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, with all other like empowered.

SIGNATURE: *Larry Kleiman* SIGNATURE REPAIRED KLEIMAN

4/15/99 561-697-9825

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)