

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

APPROVED AND FILED

MAY 23 11:10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Murtham
Secretary of State
UNIVERSITY OF FLORIDA PLAZA

DOCUMENT # **S98918** (3)

FLIPPIN CHICKEN INC.

Principal Office of Corporation: **933 NORMANDY DRIVE MIAMI BEACH FL 33140**
Mailing Address: **933 NORMANDY DRIVE MIAMI BEACH FL 33140**

DO NOT WRITE IN THIS SPACE

2. Principal Office of Corporation		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
933 NORMANDY DRIVE MIAMI BEACH FL 33140		933 NORMANDY DRIVE MIAMI BEACH FL 33140		10/23/1991	04/28/1994
21. Principal Office of Incorporation	26. Mailing Address	4. FEI Number	Applied For		
21	26	65-0328532	Not Applicable		
22. State Apt. # etc.	27. State Apt. # etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required		
22	27	<input type="checkbox"/>			
23. City & State	28. City & State	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
23	28	<input type="checkbox"/>			
24. Zip	25. Zip	29. City	30. State	8. This corporation has liability for management under Florida Statutes	
24	25	29	30	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent			
JEDWAB, CHAIM 933 NORMANDY DRIVE MIAMI BEACH, 33141		B1. Name			
		B2. Street Address (P.O. Box Number is Not Acceptable)			
		B3.			
		B4. City	FL	B5. Zip Code	

11. Pursuant to the provisions of Sections 807.05(2) and 807.1308, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent of 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 hereby withdrawing the registration of Section 807.05(2), Florida Statutes.

SIGNATURE: _____ (Signature of Registered Agent)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
01. NAME	DP JEDWAB, CHAIM 1356 BIARRITZ DRIVE MIAMI BEACH FL	11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
02. STREET ADDRESS		12. NAME	
03. CITY & STATE		13. STREET ADDRESS	
04. CITY & STATE		14. CITY & STATE	
05. NAME	DVP JEDWAB, VICTORIA 1356 BIARRITZ DRIVE MIAMI BEACH FL	15. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
06. STREET ADDRESS		16. NAME	
07. CITY & STATE		17. STREET ADDRESS	
08. CITY & STATE		18. CITY & STATE	
09. NAME		19. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. STREET ADDRESS		20. NAME	
11. CITY & STATE		21. STREET ADDRESS	
12. CITY & STATE		22. CITY & STATE	
13. NAME		23. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. STREET ADDRESS		24. NAME	
15. CITY & STATE		25. STREET ADDRESS	
16. CITY & STATE		26. CITY & STATE	

14. I hereby certify that the information supplied with this filing is accurately furnished and does not qualify for the exemption stated in Section 130.02(4)(b), Florida Statutes. I further certify that the information included on the 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 member or trustee empowered to execute this report as required by Chapter 601, Florida Statutes, and that my name appears in Block 13 or Block 14 of this report or on an exhibit bound with an address.

SIGNATURE: *Victoria Jedwab P.C.* 5/18/95
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

866-1543

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Sandra B. Matham
Secretary of State
DIVISION OF CORPORATIONS

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AND
FILED

MAY 10 1995 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S99146** (0)
1. Corporation Name
SCHROEDER HOMES, INC.

Principal Place of Business: **9601 N. TAMiami TRAIL, NAPLES FL 33963**
Mailing Address: **9601 N. TAMiami TRAIL, NAPLES FL 33963**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/10/1991	3a. Date of Last Report 02/03/1994
4. FEI Number 65-0303520	Applied For <input type="checkbox"/> Not Applicable
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. The corporation has liability for corporate tax under S 190 USC, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. State, Apt. # etc.	26. State, Apt. # etc.
22. City & State	27. City & State
23. ZIP	28. ZIP
24. Country	29. Country

9. Name and Address of Current Registered Agent

**SCHROEDER, DOUGLAS P.
4501 N. TAMiami TRAIL
SUITE 108
NAPLES FL 33940**

10. Name and Address of New Registered Agent

81. Name: **John Humphreville**
82. Street Address (R.O. Box Number if Not Applicable): **676 Quarles & Brady**
83. **4501 No. Tamiami Trail, Suite 300**
84. City: **Naples** FL 85. **33940**

11. Pursuant to the provisions of Sections 607.0402 and 607.1503, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or changing its 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 aware of the obligations set forth in 607.0402, Florida Statutes.

SIGNATURE: *John Humphreville* **John Humphreville** May 18, 1995

12. OFFICERS AND DIRECTORS

12a. NAME	DCST SCHROEDER, STEVEN M. 2298 RIVER REACH DR. NAPLES FL
12b. NAME	P SCHROEDER, DOUGLAS P. 823 TANBARK DRIVE #201 NAPLES FL
12c. NAME	
12d. NAME	
12e. NAME	
12f. NAME	
12g. NAME	
12h. NAME	
12i. NAME	

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12

13a. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13b. NAME	
13c. NAME	
13d. NAME	
13e. NAME	
13f. NAME	
13g. NAME	
13h. NAME	
13i. NAME	

14. This filer hereby certifies that this information supplied with this report is voluntarily furnished and does not qualify for the exemption stated in Sections 119.02(1)(b), Florida Statutes. I further certify that the information furnished in this report is true and correct 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 and that my signature shall have the same legal effect as if made under oath. I am familiar with and aware of the obligations set forth in 607.0402, Florida Statutes, and that my name appears in Block 12 of this report as an officer or director with an address.

SIGNATURE: *[Signature]* x 5-17-95 x 813-597-4141