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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996 DOCUMENT #

V02956

(3)

EASY CHICK, INC.

3 Date Incorporated or Qualified 3. Date of Last Report

Principal Place of Business							
12701 NW 38 AVE. OPA LOCKA FL 33054							

Mailing Address

POST OFFICE BOX 541555 OPA LOCKA FL 33054

					12/23/1991	06/08/1995	
Principal Place of Business Technology		2a. Mailing Address 26			4. FEI Number	Applied For	
					65-0392759	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State		City & State			6. Election Campaign Financing	\$5.00 May Be	
23	ar version in the second section of the section of	28			Trust Fund Contribution	Added to Fees	
, <i>Z</i> ip	Country	Z _I p	Count	ry	8. This corporation has liability for in	. •	
24	9. Name and Address of Current Registered Agent				Florida Statutes Yes No 10. Name and Address of New Registered Agent		
	9. Name and Address of Currel	nt Hegistered Agent		1 Name	10. Name and Address of New He	ogistereo Agent	
VELEN	IAAI A		`	Name			
YELEN, JAN A. 1104 PONCE DE LEON BLVD			ε	82 Street Address (P.O. Box Number is Not Acceptable)			
	. GABLES FL 33134		E	3			
				4 City		85 Zip Code	
			l°	City		FL S ZB COOF	
11. Pursuant to	o the provisions of Sections 607.050:	2 and 607.1508, Florida Statute	s, the above	named corpor	ation submits this statement for the purp	xose of changing its registered office	
or registere famil ar with	ed agent, or both, in the State of Flor h, and accept the obligations of, Sec	ida. Such change was authorize tion 607.0505. Florida Statutes.	ed by the co	rporation's boai	rd of directors. I hereby accept the appo	intment as registered agent. I am	
SIGNATURE							
SIGNATOR	Signature, typed or printed name of registered agen	t and stile if appreable (NO	TE: Registered A	gont signature require	d when reinstating)	DATE	
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC		
TITLE	PS	DECETE	1 1 111	₹ 1		☐ Change ☐ Addition	
NAME	RUBIN, BARBY C		1.2 NAM	5	tepnen M gri	peru_	
SUREEL ADDRESS	12701 NW 38TH AVE.		13 STR	ET ADDRESS	12701 NW 389		
City St-ZiP	OPA LOCKA FL		14 CHTY	- ST - ZIP	12701 NW 380	7 33054	
1111.6	V	DELETE	2 1 TITU	E	•	Change Addition	
NAME	COLON, MARIA		2 2 NAM	E			
STREET ADDRESS	12701 NW 38TH AVE.		23 STR	ET ADDRESS			
City St-Zif	OPA LOCKA FL		24 CITY	-ST-ZIP			
TIFLE	V	DELETE	3 1 TITL	F		Change Addition	
NAME	REISMAN, STUART		3 2 NAM	E			
STHEET ADDRESS	12701 NW 38TH AVE.		33 STR	EET ADDRESS			
CITY - S1 - ZIP	OPA LOCKA FL		3.4 CITY	- \$T - ZIP			
TILLE	V	DELETE	4 1 TITU	.E		Change Addition	
NAME	GREENE, JEFFREY		4 2 NAM	E			
STREET ADDRESS	3575 BAHERBEA RD.		4 3 STR	ET ADDRESS			
CITY - ST - ZIP	COCONUT GROVE FL		4.4 CITY	- \$1 - 21P			
TITLE	The state of the s	☐ DELETE	5 1 Till	E		Change Addition	
NAME			5 2 NAM	E			
STREET ADDRESS			53Stri	ET ADDRESS			
CHY-SI-ZIF			54 CITY	- ST-ZIP			
TILLE	prove the second	DELETE	6 1 TITE			Change Addition	
NAME			6 2 NAM	E			

14. Lide hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 13 if changed, or on an attachment with an address.

63 STREET ADDRESS

6 4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

SIGNAT RE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2.20.96

687-0000

CR2E034 (12/95)