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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V02956

(3)

EASY CHICK, INC.

Principal Place of Business

Mailing Address

FILED Jun 20 1997 8:00am Secretary of State



12701 NW 38 AVE. OPA LOCKA FL 33054			POST OFFICE BOX 541555 OPA LOCKA FL 33054-1555				
						3. Date Incorporated or Qualified 12/23/1991	3a. Date of Last Report 02/23/1996
2. Principal Pi	ace of Business	2a. Mailing Ad	2a. Mailing Address			4. FEI Number	Applied For
21		26	26			65-0392759	Not Applicable
Suite, Apt. #, etc.		Suite, Apt.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional
22		27				8. Certaicale of States Desired	Fee Required
City & State		City & Stat	City & State			6. Election Campaign Financing	\$5.00 May Be
23		28				Trust Fund Contribution	Added to Fees
Zip	Country	Zip	1 · — 1		,	8. This corporation has liability for intangible tax under s. 199.032,	
24	25	29		30			Yes No
	9. Name and Address of Cu	rent Registered Agen	t	81	Nana	10. Name and Address of New Re	gistered Agent
YELEN, JAN A.				61	81 Name		
	PONCE DE LEON BLVD				2 Street Address (P.O. Box Number is Not Acceptable)		
COR	AL GABLES FL 33134						
				B3		·	
				84	Cily		FL 85 Zip Codo
44 5		0500 4 CO7 4500 Fl-	aida Osas da	1		and a submit this platement for the p	
11. Pursuant to the provisions of Socilons 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 lide if applicable (NOTE, Registered Agent signature required when relinstance) DATE							
12.	OFFICERS	AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12
TITLE	P		DELETE	1.1 THLE			Change Addition
NAME	OREENE, STEPHEN M			1.2 NAME			
STREET ADDRESS	12701 NW 38TH AVE.			1.3 STREET	ADORESS		
CITY-ST-ZIP	OPA LOCKA FL			1.4 CITY - 3	S1 - ZIP		
ŢĸŢĻĒ	V		DELETE	2.1 TITLE			Change Addition
NAME	COLON, MARIA			2.2 NAME			
STREET ADDRESS	12701 NW 38TH AVE.			2.3 STREE	ADDRESS		1
CITY-ST-ZIP	OPA LOCKA FL			2.4 CITY-	S1 - ZIP	or the	
TITLE	V		DELETE	3.1 TITLE			Change Addition
NAME	REISMAN, STUART			3.2 NAME	İ		
STREET ADDRESS	12701 NW 38TH AVE.			3.3 STREE	ADDRESS		
CITY-ST-ZIP	OPA LOCKA FL			3.4. CITY-	ST-ZIP		
TITLE	V		DELFTE	4.1 TITLE			Change Addition
NAME	GREENE, JEFFREY			4. 2 NAME	ļ		
-STREET ADDRESS	3575 BAHERBEA RD.			4.3 STREE	ADDRESS		
CITY-ST-ZIP	COCONUT GROVE FL			4.4 CITY -	31-ZIP		
TETLE			DELETE	5.1 TITLE			Change Addition
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREE	ADDRESS		
CITY-ST-ZIP				5.4 CITY -	1		
TITLE			DELETE	6.1 TITLE			Change Addition
NAME				6.2 NAME			
STREET ADDRESS					ADDRESS		
CITY-ST-ZIP				6.4 CITY - 1			
	by certify that the information sup	plind with this filing doc	es not qualify			ted in Section 119.07(3)(i), Florida Statutes	s. 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 ayas ment yith an address.