FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 22 AM 9:22

DOCUMENT # V31884 (2)

1. Corporation Name
FLORIDA'S FINEST CHICKEN, INC.

Principal Place of Business	Mailing Address
4040 SHERIDAN STREET HOLLYWOOD, FL 33021	4040 SHERIDAN STREET HOLLYWOOD, FL 33021

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/28/1992
3a. Date of Last Report: 04/27/1994

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)

2a. Mailing Address (26) Suite (27): 2501 Hollywood Boulevard Suite 220
City (28): Hollywood, Florida 33020 (305) 920-1802
Zip (29) Country (30)

4. FEI Number: 65-0327103 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SCHWARTZ, JOSEPH L.
4040 SHERIDAN STREET
HOLLYWOOD FL 33021

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City: FL 85 Zip Code

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPD	11 TITLE	☑ Change ☐ Addition
NAME	GRANT, PETER	12 NAME	
STREET ADDRESS	5959 HOLLYWOOD BLVD	13 STREET ADDRESS	2501 HOLLYWOOD BLVD. STE 220
CITY-ST-ZIP	HOLLYWOOD FL	14 CITY-ST-ZIP	HOLLYWOOD, FL. 33020
TITLE	SD	21 TITLE	☑ Change ☐ Addition
NAME	SREBRENIK, BURT	22 NAME	
STREET ADDRESS	5959 HOLLYWOOD BLVD.	23 STREET ADDRESS	2501 HOLLYWOOD BLVD. STE 220
CITY-ST-ZIP	HOLLYWOOD FL	24 CITY-ST-ZIP	HOLLYWOOD, FL. 33020
TITLE	VPD	31 TITLE	☑ Change ☐ Addition
NAME	SREBRENIK, PAM S	32 NAME	
STREET ADDRESS	5959 HOLLYWOOD BLVD	33 STREET ADDRESS	2501 HOLLYWOOD BLVD. STE 220
CITY-ST-ZIP	HOLLYWOOD FL	34 CITY-ST-ZIP	HOLLYWOOD, FL. 33020
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do 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)(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: _____ (SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) (Date) (Daytime Phone #)

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