

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

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**

3. Date Incorporated or Qualified
04/28/1992

3a. Date of Last Report
06/22/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 **2501 Hollywood Blvd**

4. FEI Number
65-0327103

Applied For
Not Applicable

22 City & State

27 **#220**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

23 Zip

Country

28 **Hollywood, FL**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

24

25

29 **33020**

30 **Broward**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SCHWARTZ, JOSEPH L.
4040 SHERIDAN STREET
HOLLYWOOD FL 33021**

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 street address

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME **VPD GRANT, PETER**
STREET ADDRESS **2501 HOLLYWOOD BLVD., SUITE 220**
CITY-ST-ZIP **HOLLYWOOD FL**

11 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME **SD SREBRENK, BURT**
STREET ADDRESS **2501 HOLLYWOOD BLVD., SUITE 220**
CITY-ST-ZIP **HOLLYWOOD FL**

12 NAME ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME **VPD SREBRENK, PAM S**
STREET ADDRESS **2501 HOLLYWOOD BLVD., SUITE 220**
CITY-ST-ZIP **HOLLYWOOD FL**

13 NAME ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

14 NAME ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

15 NAME ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

16 NAME ☐ Change ☐ Addition

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)(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; 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 added in attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-96 954-920-1802

DATE

DAYTIME PHONE #

CR2E034 (12/95)