SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 0, 1995.
AMOUNT DUE ON OR BEFORE 8/A/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1995 8-4-95 B - 8088 C

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 AUG -4 AM 10: 09

DOCUMENT # V48643 (3)

1. Corporation Name
CHICKS R US, INC.

Principal Place of Business	Mailing Address
5400 EAGLES PT. CIRCLE APT. #404 SARASOTA FL 34231	5400 EAGLES PT. CIRCLE APT. #404 SARASOTA FL 34231

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/08/1992
3a. Date of Last Report: 04/06/1994

2. Principal Place of Business
21: 5971 CATTLEMEN LANE
22: Suite, Apt. #, etc.
23: City & State: SARASOTA FL
24: Zip: 34232
25: County: SARASOTA

2a. Mailing Address
26: 5971 CATTLEMEN
27: Suite, Apt. #, etc.
28: City & State: SARASOTA FL
29: Zip: 34232
30: County: SARASOTA

4. FEI Number: 65-0346179 ☐ 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

PAPELL, BENJAMIN
5400 EAGLES POINT CIRCLE
SARASOTA FL 34231

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 5971 CATTLEMEN LANE
83
84 City: SARASOTA FL 85 Zip Code: 34235

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: X [signature] 7-31-95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when mandatory) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP PAPELL, JEFFREY 540 BRICKELL KEY DR. MIAMI FL	11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP		☒ Change ☐ Addition
			6466 POPLAR AVE. MEMPHIS TN 38119	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DST PAPELL, BENJAMIN 5400 EAGLES PT. CIRCLE SARASOTA FL 34231	21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP		☒ Change ☐ Addition
			5971 CATTLEMEN LN SARASOTA FL 34232	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (3/95)

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: X [signature] 7-31-95 941-379-7883
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0100050 CP