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Mar 18 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 1. Corporation Name
K14273
International Tasty Food, DBA: Circle's Cafe

Principal Place of Business: Restaurant
Mailing Address: 14362 N. Dale Mabry Hwy Tampa FL 33618

2. Principal Place of Business: 21
2a. Mailing Address: 26 14362 N. Dale Mabry Tampa
22 Suite, Apt. #, etc.
23 City & State: Tampa FL
24 Zip: 33618
25 Country: Hillsborough

3. Date Incorporated or Qualified: 09/05/1988
3a. Date of Last Report
4. FET Number: N/A
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
CHULIKAVIT NARONG
14362 N. Dale Mabry
Tampa FL 33618

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code: FL

I, 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: Navong Chulikavit NARONG CHULIKAVIT Sec. 2/25/97

12. OFFICERS AND DIRECTORS

TITLE	PD.	CHAVAKUL PATCHITREE
NAME		
STREET ADDRESS		
CITY-ST-ZIP	16217	FANTASIA Dr. Tampa FL
TITLE	VDC	CHULIKAVIT CHURDCHAI
NAME		
STREET ADDRESS		
CITY-ST-ZIP	16217	FANTASIA Dr. Tampa FL
TITLE	S.	NARONG CHULIKAVIT
NAME		
STREET ADDRESS		
CITY-ST-ZIP	14922	Gentilly Pl. Tampa FL
TITLE	TD	CHULIKAVIT YUWADDE
NAME		
STREET ADDRESS		
CITY-ST-ZIP	16217	FANTASIA Dr. Tampa FL
TITLE	D.	SINUDOM, THANES
NAME		
STREET ADDRESS		
CITY-ST-ZIP	5211	CENTRE Ave. Tampa FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Change	Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	Change	Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	Change	Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	Change	Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	Change	Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	Change	Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing 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: Navong Chulikavit Sec. 2/10/97 (813)960-2007

CR2E034 (9/96)