

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

FILED

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 # **K14273**
1. Corporation Name **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	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21 Suite, Apt. #, etc.	26 14362 N. Dale Mabry Tampa	09/05/1988	
22 City & State Tampa	27 City & State FL	4. FET Number N/A	Applied For / Not Applicable
23 Zip 33618	29 Zip 33618	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
24 Country	30 Country Hillsborough	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> 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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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	NAME	STREET ADDRESS	CITY-ST-ZIP
PD.	CHAVAKUL PATCHITREE	16217 FANTASIA DR.	Tampa FL
	FANTASIA DR.	Tampa FL	
VDC	CHULIKAVIT CHURDCHAI	16217 FANTASIA DR.	Tampa FL
	SAME	16217 FANTASIA DR.	Tampa FL
S.	NARONG CHULIKAVIT	14922 GENTILEY PL.	Tampa FL
	SAME	14922 GENTILEY PL.	Tampa FL
TD	CHULIKAVIT YUWADDE	16217 FANTASIA DR.	Tampa FL
	SAME	16217 FANTASIA DR.	Tampa FL
D.	SINUDOM, THANES	5211 CENTRE AVE.	Tampa FL
	SAME	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)

2/18