

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

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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 Restaurant**
2a. Mailing Address: **26 14362 N. Dale Mabry Tampa**
22. Suite, Apt. #, etc.: **27**
23. City & State: **28 Tampa FL**
24. Zip: **29 33618** Country: **30 Hillsborough**

3. Date Incorporated or Qualified: **09/05/1988**
3a. Date of Last Report:
4. FET Number: **N/A** Applied For:
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: **FL** 85. Zip Code:

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**
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS

TITLE	PD.	<input type="checkbox"/> DELETE
NAME	CHAVAKUL PATCHITREE	
STREET ADDRESS	FANTASIA Dr. Tampa FL	
CITY-ST-ZIP	16217	
TITLE	VDC	<input type="checkbox"/> DELETE
NAME	CHULIKAVIT CHURDCHAI	
STREET ADDRESS	FANTASIA Dr. Tampa FL	
CITY-ST-ZIP	16217	
TITLE	S.	<input type="checkbox"/> DELETE
NAME	NARONG CHULIKAVIT	
STREET ADDRESS	Gentilly Pl. Tampa FL	
CITY-ST-ZIP	14922	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	CHULIKAVIT YUWADDE	
STREET ADDRESS	FANTASIA Dr. Tampa FL	
CITY-ST-ZIP	16217	
TITLE	D.	<input type="checkbox"/> DELETE
NAME	SINUDOM, THANES	
STREET ADDRESS	5211 CENTRE Ave. Tampa FL	
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)

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