

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90140 034 ***150.00

0512792

DOCUMENT # K86278

1. Corporation Name

BAYON RESTAURANT CORP.

Principal Place of Business

3181 NW FEDERAL HWY.
JENSEN BEACH FL 34957
US

Mailing Address

3181 NW FEDERAL HWY.
JENSEN BEACH FL 34957

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/08/1989

4. FEI Number

65-0116424

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election, Campaign Financing ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

9. Name and Address of Current Registered Agent

LY, HUOY N
542 SW BUTLER AVENUE
PORT ST. LUCIE FL 34983

10. Name and Address of New Registered Agent

81 Name
Sideth Sao

82 Street Address (P.O. Box Number is Not Acceptable)

3181 NW Federal Hwy

83

84 City
Jensen Beach

FL

85 Zip Code
34957

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 *Sideth Sao*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/31/99
DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☒ DELETE

NAME HER, ROM
STREET ADDRESS 3181 NW FEDERAL HWY.
CITY-ST-ZIP JENSEN BEACH FL

TITLE VTSD ☐ DELETE

NAME SAO, PHAN
STREET ADDRESS 3181 NW FEDERAL HWY.
CITY-ST-ZIP JENSEN BEACH FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President Director ☐ Change ☐ Addition

1.2 NAME Sideth Sao

1.3 STREET ADDRESS 3341 SW Perrine
1.4 CITY-ST-ZIP Port St. Lucie, FL 34953

2.1 TITLE VTSD ☐ Change ☐ Addition

2.2 NAME SAO, Phan

2.3 STREET ADDRESS 3341 SW Perrine
2.4 CITY-ST-ZIP Port St. Lucie, FL 34953

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 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, with all other like empowered.

SIGNATURE: *Sideth Sao*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/99
Date

861-692-3969
Daytime Phone #

CR2E034 (11/98)