FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

1 82963

(4)

| DOCUM 1. Corporation ! | Name | ` ' | | | |
|---|--|--|--|--|---|
| BIG E | asy cajun corporation | I | | | |
| Principal Place of | of Business | Mailing Address | | - | 1 1411 Asher binis miner nimis miner miner sner |
| 451 ALTAMONTE AVE 10300 SOUTHSIDE BLVD SUITE 305 STE 875 JACKSONVILLE FL 32256 | | | | | |
| ALTAMONTE U\$ | E SPGS FL 32701 | | | 3. Date Incorporated or Qualified 06/26/1990 | 3a. Date of Last Report 05/01/1995 |
| 2. Principal Place | ce of Business | 2a. Mailing Address 26 7411 Fuller) | ton Street | 4. FEI Number 59-3022133 | Applied For Not Applicable |
| Suite, Apt. # | , etc. | Suite, Apt. #, etc. 27 Suite 20 | | 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| City & State | | City & State 28 Jacksonu | lle FL | Trust Fund Contribution | \$5.00 May Be Added to Fees |
| Zip 24 | Country 25 | Zip 29 322520 | Country 30 | 8. This corporation has liability for inter- Florida Statutes | □No |
| | 9. Name and Address of Current | Registered Agent | 81 Name | 10. Name and Address of New Reg | Jistered Agent |
| DDALLC | NUON DICUADO COOTT | | | | |
| DRAUGHON, RICHARD SCOTT 200 W. FORSYTH ST, STE 1730 JACKSONVILLE FL 32202 | | | | ess (P.O. Box Number is Not Acceptable) | |
| | | | 83 | | |
| | | | 84 City | | FL 85 Zip Code |
| 04 400lotore | ad accept or both in the State of Florid | Such change was authorized | the above-named corpora by the corporation's boar | ation submits this statement for the purpo d of directors. I hereby accept the appoir | ose of changing its registered office itment as registered agent. I am |
| familiar with | h, and accept the obligations of, Section | on 607.0505, Florida Statutes. | | | |
| SIGNATURE _ | Signature, typed or printed name of registered agent a | and title it applicable. (NOTE | E: Registered Agent signature required | i when reinstating? | D/TE |
| 12. | OFFICERS AND | | 13. | ADDITIONS/CHANGES TO OFFIC | |
| TITLE | S VEN KIND TI | ☐ DELETE | 1. 1 TITLE | | Change Addition |
| NAME | YEN, KUNG-TI 10300 SOUTHSIDE BLD #3 | ne. | 1.2 NAME | | |
| STREET ADDRESS | JACKSONVILLE FL | 00 | 1.3 STREET ADDRESS | | |
| CITY-ST-ZIP TITLE | DP DP | [7] DELETE | 2 1 TITLE | | Change Addition |
| NAME | YEN, KUNG-PO | _ | 2.2 NAME | | |
| STREET ADDRESS | 10300 SOUTHSIDE BLD #3 | 05 | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | JACKSONVILLE FL | | 2.4 CHTY - ST - ZIP | | |
| TITLE | | ☐ DELETE | 3. 1 TITLE | | Change Addition |
| NAME | | | 3.2 NAME | • | |
| STREET ADDRESS | | | 33 STREET ADDRESS | | |
| CITY-SY-ZIP | | ☐ DELETE | 3.4 CITY-ST-ZIP 4.1 TITLE | | Change Addition |
| TITLE | | Course | 4.2 NAME | | |
| NAME STREET ADDRESS | | | 4.3 STREET ADORESS | | |
| CITY-ST-ZIP | | | 4.4 City - ST - ZiP | | |
| TITLE | | DELETE | 5. 1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 5.2 NAME | | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | Paragra | 5.4 CITY- ST-ZIP | | Change Addition |
| TITLE | | ☐ DELETE | 6. 1 7/1LE | | C) change C) Addition |
| NAME | | | 6.2 NAME | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS 6.4 CHTY-ST-ZIP | | |
| CITY-ST-ZIP | | with this filing is voluntarily furni | abad and done not qualify t | for the exemption stated in Section 119.0 | 7(3)(4), Florida Statutes. I further |
| certify that | | ial report or supplemental annu ration or the receiver or trustee | ial report is true and accura e empowered to execute th | ate and that my signature shall have the s is report as required by Chapter 607, Fio | |

SIGNATURE: __

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Phone &

CR2E034 (12/95)