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

PROFIT CORPORATION ANNUAL REPORT

1999 DOCUMENT # [

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Mar 03, 1999 8:00 am Secretary of State

03-03-1999 90025 044 ***150.00

BIG EASY CAJUN CORPORATION						
Principal Place of Business Mailing Address						
451 ALTAMONTE AVE 7411 FULLERTON STREET						
STE 875 SUITE 204 ALTAMONTE SPGS FL 32701 JACKSONVILLE FL 32256					DO NOT WRITE IN THIS SPACE	
US US					3. Date Incorporated or Qualifed	
				06/26/1990		
Principal Place of Business 2a. Mailing Address						oplied For
21 26					00 0022 00	ot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					E Cartificate of Status Desired	Additional
22 27						equired
City & Stat	e e	City & State			· · · · · · · · · · · · · · · · · · ·	May Be
23	Country	Zip Country			8. This corporation owes the current year Intanglible	10 1 665
Zip			-7 ·	Personal Property Tax.		□No
24	25 29 30 30 9, Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
DRAUGHON, RICHARD SCOTT			81	Name		
			82	Street Ac	ddress (P.O. Box Number is Not Acceptable)	
200 W. FORSYTH ST, STE 1730 JACKSONVILLE FL 32202			<u></u>			
SACKSOTVILLE 1 L SZZZZ			83			
			84	84 City FL 85 Zip Code		
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 Signature. Typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE						
12.			13.	—т	ADDITIONS/CHANGES TO OFFICERS AND DIRECTO	
TITLE	YEN, KUNG-TI		1.1 TITLE		☐ Change	Addition
NAME			1.2 NAME			l
STREET ADDRESS				TADORESS	2000:	1
CITY-ST-ZIP			1.4 CITY- S	T-ZIP	32256	Addition
TITLE			2.1 TITLE	-	Cominge	Addicon
NAME	74,7,7,41,74		2.2 NAME			1
STREET ADDRESS	10011 000111111111111111111111111111111		•	TADDRESS	32256	
CITY-ST-ZIP			2.4 CITY-:	ST-ZIP -	- O A A O C ☐ Change	Addition
TITLE			3.1 TILE	[
NAME CYDEET ADDOCSS			1	TADDRESS		
STREET ADDRESS CITY-ST-ZIP			3.4. CITY-	i		1
TITLE			4.1 TITLE	<u> </u>	☐ Change	☐ Addition
NAME	4.2N		4. 2 NAME	1		
STREET ADDRESS			4.3 STREE	TADDRESS		1
CITY-ST-ZIP			4.4 CITY- S	T-ZIP		
TITLE			5.1 TITLE		☐ Change	☐ Addition
NAME	•		5.2 NAME			
STREET ADDRESS			5.3 STREE	T ADDRESS		
C/TY-ST-ZIP	31-ZIF		5.4 CITY- S	ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE	ţ	☐ Change	☐ Addition
IANE			6.2 NAME			
	l		 63 STREE 	T ADDRESS!		

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.

6.4 CITY-ST-ZIP

SIGNATURE

SIGNATURE REQUIRED

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904-363-0366