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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L85393

393 (1)

## **CAJUN GOURMET CORPORATION**

FILED Feb 27 1997 8:00am Secretary of State



10300 SOUTHSIDE BOULEVARD SUITE 305 JACKSONVILLE FL 32256		7411 FULLERTON STREET SUITE 204 JACKSONVILLE FL 32256-3629 US				
				3. Date Incorporated or Qualified 07/06/1990	3a. Date of Last Report 03/20/1996	
··· · · · · · · · · · · · · · · · · ·		2a. Mailing Address	······		4. FEI Number	Applied For
		26	··		59-3023464	Not Applicable
Suite, Apt. #, etc. 2		Suite, Apt #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	0	City & State			6. Election Campaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution	Added to Fees
<b>Z</b> ф Г. 1	Country	Zip Cou		<i>t</i>	8. This corporation has liability for intangible tax under s. 199.032,	
24	25   9. Name and Address of Curre	29	30			Yes No
		ant negistereo Agent	81	Name	10. Name and Address of New Re	Sistered Agent
	AUGHON, RICHARD SCOTT	,	0.	Harrie		
	West Forsyth St-Ste 1730 Ksonville FL 32202	,	82	Street Ado	dress (P.O. Box Number is Not Acceptab	le)
<b>4710</b>	MOONINGE I E OLEGE		83			1-51-1
			84	City	7541341-1	85 Zip Code
				- '	poration submits this statement for the p	FL   '
agent Fai SIGNATURE	eg steren agent or both, in the stat tu fan bar wilh, and accept the obli - Synetin Tysel orpint dinancial teges ed a	gations of, Section 607.0505, I	Florida Statute	S.	uired when reinstating)	t the appointment as registered
12.	OFFICERS A	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	<del> </del>
TiTeF	\$	☐ DELETE	1.1 TITLE			Change Addition
NAME	yen, kung-ti		1.2 NAME			
STREET ADDRESS	10300 SOUTHSIDE BL S-309	5	1.3 STREET	ADDRESS		
Citr-St-7iP	JACKSONVILLE FL		1.4 CITY-5	I - ZIP		
1 JILT	DP	DELETE	21 TITLE			Change Addition
NAME	YEN, KUNG-PO		2.2 NAME			
STREET ADDRESS	10300 SOUTHSIDE BL S-305 JACKSONVILLE FL	)	2.3 STREET			
CUY-SI-ZIP BUE	UNDROOMVILLE I E	DELETE	2. 4 CITY- 3.1 TITLE	ST - Z(P		Change Addition
NAME			3.2 NAME			C Analysis C Monitor
STREET ADDRESS			3.3 STREET	ADDRESS		
CITY ST-ZIP			3.4. CITY-			
TIFLE		DELETE	4.1 TITLE			Change Addition
NAME			4. 2 NAME			- -
STREET ADDRESS.			4.3 STREET	ADDRESS		
CHY - S1 - Z6 <sup>9</sup>			4.4 CITY - S	T-ZIP		
TIFLE		☐ DELETE	5 1 TITLE		798 02. 08.00.00	Change Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET	ADDRESS		
CCY-ST-7P		1	5.4 CITY - S	1-2IP		
Tiff		☐ DELETE	6 1 TITLE			Change  Addition
NAME			62 NAME			
STREET ADDRESS			6 3 STREET	1		
CTV ST ZP			64 DITY - S	T- 21P		

4. 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:

SNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTO

97 904/363-0364