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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000083142 (8)

	DEE THAI CUISINE, INC.				
Principal Place	of Business	Mailing Address			14 1841
10938 56TH STREET 10938 56TH STREET TAMPA FL 33617 TAMPA FL 33617					
IAMEN FE 33	917	18MF8 TL 93017		DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified	
			<u></u>	12/06/1993	
-	ace of Business	2a. Mailing Address		4, FEI Number Applie	
Suite, Apt.	# ote	Suite, Apt. #, etc.			pplicable
22	W, CIU.	 		5. Certificate of Status Desired Fee Requi	
City & State)	City & State		6. Election Campaign Financing \$5.00 Ma	
23	•	28		Trust Fund Contribution Added to F	
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year Intang	
24	25	29	30	Personal Property Tax due June 30.	
	g. Name and Address of Curre			10. Name and Address of New Registered Agent	
KHU	JNDUANG, UDOM		81 Name		
	38 56TH STREET		82 Street Ad	ddress (P.O. Box Number is Not Acceptable)	
TAN	MPA FL 33617				
			83		
			84 City	85 Zip Cod	ie et
				orporation submits this statement for the purpose of changing its representation's board of directors. I hereby accept the appointment as reg	
12.	:	ND DIRECTORS	DTE Registered Agent signature re	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	
TITLE	D	☐ DELETE	1.1 TITLE	Change	Addition
NAME	KHUNDUANG, UDOM		1.2 NAME		
STREET ADDRESS	13104 N. 52ND STREET		1.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33617	DELETE	1.4 CITY-ST-ZIP	Change	Addition
TITLE			2.1 TITLE		_1 AOUIUON
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	2. 4 CITY-ST-ZiP 3.1 TITLE	Change	Addition
NAME		- Verell	3.2 NAME	Onlings	
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY - ST - ZIP		
TITLE		DELETE	4.1 TITLE	Change [Addition
NAME			4. 2 NAME	1	
STREET ADDRESS			4.3 STREET ADDRESS		
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-SI-ZIP	·		5 4 CITY-ST-ZIP		-1
TITLE		DELETE	6.1 TITLE	Change	Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY - ST - ZIP			6.4 CITY-ST-ZIP		

14. Thereby 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:

SIGNATURE

Recipied

**

SIGNATURE:

3/17/98 (813) 985-2071

FILED

Mar 23 1998 8:00am

Secretary of State