03-03-1999 90121 033 \*\*\*150.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P94000025486

1. Corporation Name

BIG EASY CAJUN - ALBUQUERQUE, INC.

						<u> </u>	i BBisi Bbrim isanı dırıl asabı .	ANALO NALI ANNI
Principal Place	of Business	Mailing Addr	ess					
6600 MENUAL E	BLVD N.E.	7411 FULLER	TON STREET			1		
SUITE 40-8		SUITE 204				DO MOT MONTE IN THIS SPACE		
ALBUQUERQE NM 87110			JACKSONVILLE FL 32256			DO NOT WRITE IN THIS SPACE		
US US				3. Date Incorporated or Qualifed				
						04/04/1994		
2. Principal Pla	ace of Business	2a. Mailing A	ddress			4. FEI Number	App	plied For
21		26				59-3238691	Not	t Applicable
Suite, Apt. #	#. etc.	Suite, Ap	t. #, etc.				\$8.75 A	Additional
22	.,	27				5. Certifcate of Status Desired	Fee Re	quired
City & State		City & St	ate			6. Election Campaign Financing	\$5.00	May Bo
	<del>.</del> .	28	_			Trust Fund Contribution	Added to	
23	Country	Zip		Country	,	8. This corporation owes the curre	nt year Intendikle	
Zip	·	<b>⊢</b> '	[a	0	•	Personal Property Tax.	✓ Yes	□No
24	25	29	<del></del>	<u>vj</u>		10. Name and Address of New Re		
	9. Name and Address of Currer	nt Registered Age	<u> </u>	81	Name	IV. Raine and Address of New No.	gistered Agent	
DDAI	HOLION SCOTT			*'	Name			}
DRAUGHON, SCOTT					Street Add	ress (P.O. Box Number is Not Acceptab	ole)	
200 W FORSYTH ST								
	E 1730			83	· i			į
JACH	ksonville fl 32202			_			85 Zip C	
				84	City		FL 85 Zip C	2000
Ad Disease at A	to the assurations of Sections 607 050	02 and 607 1508 E	Elorida Statutes	the abov	e-named corr	poration submits this statement for the p	urnose of changing its	registered
office or re	egistered agent, or both, in the State	e of Florida. Such c	hange was aut	norized by	tne corporati	on's board of directors. I hereby accept	the appointment as reg	gistered
agent. I ar	m familiar with, and accept the obliga	ations of, Section 6	807.0505, Florid	la Statutes	i.			
CICNIATURE								Į.
SIGNATURE								
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable.	(NOTE: F	egistered Age	nt signature require	ed when reinstating)	DATE	
12.		ND DIRECTORS		13.	nt signature require	ed when reinstating) ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTO	
		ND DIRECTORS	(NOTE: F	•	nt signature require			PRS IN 12
12.	OFFICERS AND	ND DIRECTORS		13.	nt signature require		ICERS AND DIRECTO	
12. TITLE NAME	OFFICERS AND YEN, KUNG-PO	ND DIRECTORS [		13, 1.1 TITLE 1.2 NAME	nt signature require		ICERS AND DIRECTO	
12. TITLE NAME STREET ADDRESS	OFFICERS AND D YEN, KUNG-PO 10300 SOUTHSIDE BLVD., #3	ND DIRECTORS [		13. 1.1 TITLE 1.2 NAME 1.3 STREE	T ADDRESS		ICERS AND DIRECTO	
12. TITLE NAME STREET ADDRESS CITY- ST- ZIP	OFFICERS AND D YEN, KUNG-PO 10300 SOUTHSIDE BLVD., #3 JACKSONVILLE FL	ND DIRECTORS (	OELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S	T ADDRESS		ICERS AND DIRECTO	Addition
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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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR