03-03-1999 90026 005 \*\*\*150.00

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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P9400034634

BIG EASY CAJUN - BURLINGTON, INC.

Principal Place	of Business	Mailing Address					AIIKI BIBI TBBI
BURLINGTON M		7411 FULLERTON STREET					
SPACE 2108	TT Name	SUITE 204					
BURLINGTON MA 01803 JACKSONVILLE FL 32256			•		DO NOT WRITE IN THIS	SPACE	
US		U\$			3. Date Incorporated or Qualifed		
					05/09/1994	<del></del>	<del></del>
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number		olied For
21		26			59-3242184		Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	<b>\$8.75</b> A Fee Red	ι	
22		27				·	
City & State	e ^	City & State					May Be ====
23		28			Trust Fund Contribution	Added to	Fees
Zip	Country	Zip	Countr	ý	8. This corporation owes the current year Int		□No
24	25		30		Personal Property Tax.		
	9. Name and Address of Curren	t Registered Agent	8-	l Nomo	10. Name and Address of New Registered	Agent	
VCN	KINC DO		6	Name			
YEN, KUNG-PO				2 Street Ad	ddress (P.O. Box Number is Not Acceptable)		
7411 FULLERTON ST.							
	#204		83	<b>*</b>			
JACI	KSONVILLE FL 32256		84	4 City		85 Zip C	ode
				1	FL	-	
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statute	s, the abo	e-named co	orporation submits this statement for the purpose of	changing its	registered
office or re	egistered agent, or both, in the State of m familiar with, and accept the obligat	of Florida. Such change was au	thorized b	y the corpora	ation's board of directors. I hereby accept the appoi	nument as reg	listered
•	in fairmar was, and accept the obliga-						ļ
SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicable (NOTE:	Registered Ag	ent signature requ	uired when reinstating) DATE		
12.	OFFICERS AND DIRECTORS				ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTO	RS IN 12
TITLE	DP	☐ DELETE	1.1 TITLE			☐ Change	Addition
NAME	YEN, KUNG-PO		1.2 NAME				
STREET ADDRESS	10300 SOUTHSIDE BLVD., #30	15	1.3 STREE	ET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL		1.4 CITY-	ST-ZIP	37,5	156	
TITLE	DVST	☐ DELETE	2.1 TITLE			Change	
NAME	YEN, KUNG-TI		2.2 NAME				
STREET ADDRESS	10300 SOUTHSIDE BLVD., #30	15		ET ADDRESS			
	JACKSONVILLE FL		2. 4 CITY		325	151-	
CITY-ST-ZIP	JACKOONVILLE I'E	☐ DELETE	3.1 TITLE			Change	Addition
		<u></u>	3.2 NAME				,
NAME				ET ADDRESS			
STREET ADDRESS			i i				-
CITY-ST-ZIP		☐ DELETE	3.4. CITY-			Change	Addition
TITLE		C. DECENE					
NAME			4. 2 NAMI				
STREET ADDRESS			1	ET ADDRESS	•		
CITY-ST-ZIP		C per exe	4.4 CITY-			Change	Addition
TITLE		☐ DELETE	5.1 TITLE			Change	
NAME	,		5.2 NAME	<b>+</b>			ł
STREET ADDRESS				ET ADDRESS			
CITY-ST-ZIP			5.4 CITY-				
TITLE		☐ DELETE	6.1 TITLE			☐ Change	☐ Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STRE	ET 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 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 ar Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

CITY-ST-ZIP