FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00						
•	PROFIT RPORATION	69. 6 3 a	FLORIDA DEPA	ARTMENT OF STATE		
1	JAL REPORT			B. Mortham		
,	1996			tary of State CORPORATIONS		
DOCUMENT # P94000039396 (4) 1. Corporation Name						
BIG I	easy - Hawaii, I	NC.				
Principal Place	of Business	Ma	iling Address			iana north noting thing tolke think bill tolk
200 W FORSYTH ST 10300 SOUTHSIDE BLVD SUITE 1730 SUITE 305			BLVD			
JACKSONVILLE FL 32202 JACKSONVILLE FL 322 US			32256	Date Incorporated or Qualified	3a. Date of Last Report	
2. Principal Pla	and of Business		B. A. C.		05/25/1994	05/01/1995
21 101 AL	a Moana Bl		Mailing Address 7411 Fulle	cton Street	4. FEI Number 59-3244838	Applied For Not Applicable
Suite, Apt. #	#, etc. - 205 /207	27	Suite, Apt. #, etc. Suite 201	,	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State			City & State		6. Election Campaign Financing	\$5.00 May Be
23 Hone le	Countr	28 \	<u>Jacksonui</u> _{Zip}	Country Country	Trust Fund Contribution 8. This corporation has liability for i	Added to Fees
24 168		29 ess of Current Regist	39970	30	Florida Statutes Yes	□No
		os or ourrent flegist	ered Agent	81 Name	10. Name and Address of New R	egistered Agent
SUITE 1730 JACKSONVILLE FL 32202				82 Street Addr	ess (P.O. Box Number is Not Acceptab	le)
				83		
				84 City		
11 Pursuant to	the provisions of Speti	oon 607 0500 and 607	4600 Physids Oct. 4	'		FL 85 Zip Code
	ed agent, or both, in the h, and accept the obliga				ation submits this statement for the pur rd of directors. I hereby accept the appo	pose of changing its registered office pintment as registered agent. I am
SIGNATURE _						
12.		FRICERS AND DIRECT	· · · · · · · · · · · · · · · · · · ·	*E Registered Agent signature requires 13.	1 w/ser-renstating: ADDITIONS/CHANGES TO OFFI	DATE CERS AND DIRECTORS IN 12
TITLE	DP YHEN, KUNG-P	Λ	☐ DELETE	1 1 TITLE		Change Addition
NAME STREET ADDRESS	200 W FORSYT			1.2 NAME 1.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE			1.4 CITY - ST ZIP		
TITLE	DVST YEN, KUNG-TI		DELETE	2 1 TillE		Change Addition
NAME STREET ADDRESS		H ST., STE 1730		2.2 NAME 2.3 STREET ADDRESS		
CITY - ST - ZIP	JACKSONVILLE			2.4 City St-ZiP		
TITLE			☐ DELETE	3 1 ПЛLЕ		☐ Change ☐ Addition
NAME STREEL ADDRESS				3.2 NAME		
CITY-SI-ZIP				3.3 STREET ADDRESS 3.4 City-St-Zip		
TITLE	4.00		☐ DELETE	4 1 TITLE		Change Addition
NAME STREET ADDRESS				4.2 NAME		
City-ST-ZIP				4.3 STREET ADDRESS 4.4 CITY - ST - ZIP		
TITLE			☐ DELETE	5 1 TITLE		Change Addition
NAME STREET ADDRESS				5 2 NAME		
CITY-ST-ZIP				5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		
TITLE			☐ DELE1E	6 1 Tille		Change Addition
NAME STREET ADDRESS				6 2 NAM;		<u> </u>
STREET ADDRESS CITY+ST-ZIP				6.3 STREET ADDRESS 6.4 CHY-ST-ZIP		
14. I do hereby	certify that the informati	on supplied with this fill	ing is voluntarily furnis	shed and does not qualify for	r the exemption stated in Section 119.0	17(3)(k), Florida Statutes. I further
oath: that I		of the comoration or t	or supplementar anno he receiver or trustoo	ial report is true and accurat	e and that my signature shall have the si report as required by Chapter 607, Flo	
SIGNATURE: 18. P. J. KUNG-P. Yen 3/15/96 904363-0366 Dayone Priore K. Dayone Priore K. Dayone Priore K.						
	SIGNATURE	AND TYPED OR PRINTED N	AME OF SIGNING OFFICER	OA DIRECTOR	Date	Daytime Phone #