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Feb 27 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000046170 (4)

1. Corporation Name

BIG EASY CAJUN - CITY CENTER, INC.



Principal Place of Business

Mailing Address

111 SOUTH THIRD ST
SUITE 194
COLUMBUS OH 43215
US

10300 SOUTHSIDE BLVD.
SUITE 204
JACKSONVILLE FL 32256-0741
US

3. Date Incorporated or Qualified
06/21/1994

3a. Date of Last Report
03/20/1996

2. Principal Place of Business

2a. Mailing Address

21 111 South Third St
Suite, Apt. #, etc.

26 7411 Fullerton Street
Suite, Apt. #, etc.

22 SUITE 194
City & State

27 Suite 204
City & State

23 Columbus OH
Zip Country

28 Jacksonville FL
Zip Country

24 43215
25

29 32256
30

4. FEI Number

59-3254593

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DRAUGHON, RICHARD S
200 W FORSYTH ST
SUITE 1730
JACKSONVILLE FL 32202

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature type and print name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DVST
NAME YEN, KUNG P
STREET ADDRESS 200 W FORSYTH ST
CITY-ST-ZIP JACKSONVILLE FL

1.1 TITLE DVST
1.2 NAME YEN, KUNG-TI
1.3 STREET ADDRESS 10300 SOUTHSIDE BLVD # 305
1.4 CITY-ST-ZIP JACKSONVILLE FL 32256

TITLE P
NAME YEN, KUNG PO
STREET ADDRESS 200 W FORSYTH ST., STE 1730
CITY-ST-ZIP JACKSONVILLE FL

2.1 TITLE DP
2.2 NAME YEN, KUNG-PO
2.3 STREET ADDRESS 10300 SOUTHSIDE BLVD # 305
2.4 CITY-ST-ZIP JACKSONVILLE FL 32256

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/96

904/363-2366

CR2E034 (9/96)