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

Mailing Address

7411 FULLEDTON STREET

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P9400046170

1. Corporation Name

Principal Place of Business 444 COUTH THIRD OF

BIG EASY CAJUN - CITY CENTER, INC.

SUITE 194 COLUMBUS OH 43215		SUITE 204 JACKSONVILLE FL 32256 US			DO NOT WRITE IN THIS SE	PACE	
					3. Date Incorporated or Qualifed		
00					06/21/1994		
2 Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	Ap	plied For
	ade of Basilless	26			59-3254593	No	t Applicable
Suite, Apt. i	# atc	Suite, Apt. #, etc.				\$8.75	
22		27			5. Certificate of Status Desired		
City & State	· · · · · · · · · · · · · · · · · · ·	City & State			6 Election Campaign Financing		May.Be
23					Trust Fund Contribution	Added t	o Fees
Zip	Country	Zip	Country		8. This corporation owes the current year Intang	gible	_
24 25 29 30				Personal Property Tax. ☑ Yes No			
	9. Name and Address of Current	Registered Agent		r	10. Name and Address of New Registered Ag	ent	
			81	Name			
	ughon, Richard S W Forsyth St		82	Street Address (P.O. Box Number is Not Acceptable)			
				ļ			
SUITE 1730 JACKSONVILLE FL 32202			83				
0,101	· · · · · · · · · · · · · · · · · · ·		84	City	FL	85 Zip (Code
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligat	of Florida. Such change was autho	orized by	the corpora	orporation submits this statement for the purpose of chation's board of directors. I hereby accept the appointment	anging its nent as re	registered gistered
SIGNATURE	Signature, typed or printed name of registered agent	t and title if annimable (NOTE: Rec	istered Ans	nt signature regi	uirad when reinstating) DATE		
12.	OFFICERS ANI		13.		ADDITIONS/CHANGES TO OFFICERS AND	DIRECTO	RS IN 12
TITLE	DVST	DELETE	1.1 TITLE	· · · · · · · · · · · · · · · · · · ·		Change	Addition
	YEN, KUNG P		1.2 NAME				`
NAME		.		TADODECC			
STREET ADDRESS	10300 SOUTHSIDE BLVD., #30	5		TADORESS	<i>\$</i> レリ <i>に</i>	1	{
CITY-ST-ZIP	JACKSONVILLE FL	□ DELETE	1.4 CITY-S	T-ZIP		Change	Addition
TITLE	DP	☐ DELETE	2.1 TITLE	- 1	L	Onlango	Cyridation
NAME	YEN, KUNG PO		2.2 NAME				l
STREET ADDRESS	10300 SOUTHSIDE BLVD., #30	5	2.3 STREE	T ADDRESS	ስ ስስ ይ	-/	
CITY-ST-ZIP	JACKSONVILLE FL	<u> </u>	2.4 CITY-5	ST-ZIP	3225		
TITLE		☐ DELETE	3.1 TITLE		, · · · · (Change ·	- ☐ Addition {
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREE	TADDRESS			ļ
CITY+\$T+ZIP			3.4. CITY-5	ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE			Change	☐ Addition
NAME			4.2 NAME	Į			
STREET ADDRESS			4.3 STREE	TADORESS			
			4.4 CITY-S	1			
CITY-ST-ZIP							
l mme I				11-211		Change	☐ Addition
TITLE		□ DELETE	5.1 TITLE	1	(Change	Addition Addition
NAME		☐ OELETE	5.1 TITLE 5.2 NAME		(Change	☐ Addition
NAME STREET ADDRESS		☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREE	T ADDRESS	(Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP			5.1 TITLE 5.2 NAME 5.3 STREE 5.4 CITY-S	T ADDRESS			
NAME STREET ADDRESS		☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREE	T ADDRESS		Change	☐ Addition

CITY-ST-ZIP 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.

6.4 CITY-ST-ZIP

STREET ADDRESS

STONATURE REQUIRE

SIGNATURE AND TYPED OR FRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90045 014 ***150.00