## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT **CORPORATION** ANNUAL REPORT



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

	1996 DIVISION OF CORPORATIONS					
DOCU 1. Corporatio	MENT # P940	000073403	(5)			
BIG	<b>EASY CAJUN - LANDING</b>	i. INC.				
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			E LEGREDA ERO LEGRE BROW DE CHI A CONTRACTOR	ARRI BARIO BARRI IBABA BIRRI BRAIN ADIBA IRIN I
·····						
Principal Place	e of Business	Mailing Address			i indicant tin talil ninit dalili n	RECT ODERT NOTE TROUB CEETE GEREE DREED (CITE )
200 WEST FORSYTH STREET 10300 SOUTHSIDE BL SUITE 1730 SUITE 305			DE BLVD			
	VILLE FL 32202	SUITE 305 JACKSONVILLE	FL 32256		İ	
US		US			3. Date Incorporated or Qualified 10/06/1994	3a. Date of Last Report 05/01/1995
_ ^ .	lace of Business	2a. Mailing Address	111	<i>C</i> , ,	4. FLI Number	Applied For
Suite, Apt.	<u>dependant Driv.</u>	26 /4// / Suite, Apt. #, etc		Street	59-3271293	Not Applicab
22 Suite		27 Suite a	204		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	e	City & State	<del></del>		6. Election Campaign Financing	\$5.00 May Be
	sonville FL	28 Jackson	nulle	FL	Trust Fund Contribution	Added to Fees
Zip 24 322	202 25 Country	Zip 7.226	Cou	intry	8. This corporation has liability for i	ntangible tax under s 199.032,
مرر ا	9. Name and Address of Cur	29 32250 Trent Registered Agent	Ø 30		Florida Statutes Yes  10. Name and Address of New R	□ No
		THE STATE OF THE S		81 Name	10. Name and Address of New R	egistelea Agent
	GHON, RICHARD S		i		(D.O. D)	
200 WEST FORSYTH STREET				82 Street Addre	iss (P.O. Box Number is Not Acceptab	le)
SUITE				83		
JACKS	SONVILLE FL 32202			84 City		As   7- 0-1-
						FFL 85 Zip Code
or register	to the provisions of Sections 607.05 led agent, or both, in the State of Fl	502 and 607.1508, Florida Sta Iorida, Such change was autho	atutes, the abo	ve-named corpora	tion submits this statement for the pur d of directors. I hereby accept the appo	pose of changing its registered offi
ter initial prin	th, and accept the obligations of, Se	ection 607.0505, Florida Statu	rtes.	orporation to bottle	or directors. Thereby accept the appe	omenen, as registered agent, i am
SIGNATURE _	Signature, typed or printed name of registered ag	nent end title if applicable	(NOTE: Posiclared	Agent signature required		
12.		AND DIRECTORS	13.	Agent signature required t	ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTORS IN 12
TITLE	P	· Drece		TLE		Change Addition
NAME				ME		
STREET ADDRESS	IAONOON BLEEF			REET ADDRESS		
CITY-ST-ZIP TITLE	DVST	F1 00 575		Y-ST-ZIP		
NAME	YEN, KUNG-TI	DELETE	2. 1 11			☐ Change ☐ Addition
STREET ADDRESS	200 W FORSYTH ST., ST	TE 1730	2.2 NA			
CITY-ST-ZIP	JACKSONVILLE FL			REET ADDRESS Y-ST-ZIP		
TITLE		☐ DELETE	3 1 TI			Change Addition
NAME			32 NA	ме		
STREET ADDRESS			3 <b>3</b> . ST	REET ADDRESS		
CITY-ST-ZIP			3.4 CIT	Y-ST-ZIP		
TITLE		☐ DELETE	4, 1 7/3	1		☐ Change ☐ Addition
NAME STREET ADDRESS			4.2 NAI	-		
CITY-ST-ZIP				REET ADDRESS		
TITLE		☐ DELETE	4.4 CIT 5 1 TIT	Y-ST-ZIP		Change Addition
NAME			5.2 NAI			The Production
STREET ADDRESS				REET ADDRESS		
CITY-ST-ZIP				Y - ST - ZIP		
TITLE		☐ DELETE	6. 1 TIT	LE		Change Addition
NAME			6.2 NA	ΛĒ		
STREET ADDRESS			6.3 STR	EET ADDRESS		
CITY-ST-ZIP 14. I do hereby	certify that the information supplier	d with this filing is valuntarily 6	uniched and d	Y-ST-ZIP	the exemption stated in Section 119.0	7/5/03 51 11 03
					the exemption stated in Section 119.0 and that my signature shall have the s report as required by Chapter 607, Flor	

SIGNATURE: \_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 3/15/96 COALS COUNTY PROPERTY OF THE PROPER