## 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

P95000016705 (2) DOCUMENT #

1. Corporation Name

RIG FASY CAJUN - ANNAPOLIS, INC.

BIG EA	SY CAJUN - ANNAPOLIS,	1110.					
Principal Place of Business Mailing Address  200 W FORSYTH ST 200 W FORSYTH ST SUITE 1730  JACKSONVILLE FL 32202 JACKSONVILLE FL 32202		2	3. Date incorporated or Qualified	3a. Date of La	ast Repor	i	
JACKSONVILL	E PL SEEM	Augustina : 7 same		03/01/1995		, . <u>_</u> .	
2. Principal Place	of Business		on Street	4. FLI Number 59 - 3 29 79 80	\$8		lied For Applicable dditional
Suite, Apt. #, €		Suite, Apt #, etc.  27 Sunto 80	<u>-</u>	5. Certificate of Status Desired		Fee Req	
City & State		City & State		Election Campaign Financing     Trust Fund Contribution		<b>5.00</b> M Added to	
3 Anna	polis mo	28 Jacksonui	Country	B. This cornoration has liability for	intangible tax un	ders 19	9.032,
Zip بایکاندادہ	Country	_ L	30	Florida Statutes	; ∐No		
4 . 0140	9. Name and Address of Currer	t Registered Agent	81 Name	10. Name and Address of New F	registered Agei		
			1 1	Not Append	blo)		
	HON, SCOTT R		82 Street Add	ress (P.O. Box Number is Not Acceptal	uie,		
	Forsyth St		83				
SUITE 1	DNVILLE FL 32202		84 City		E1 8	5 Zp C	Code
				oration submits this statement for the pure of directors. I hereby accept the app	FL man of changing	no its ren	istered office
familiar with	and accept the obligations of, exc	त करता प्रत्य के अंग्रेस कर्म (१४०) ह	Regulated Agent signature too in		DATE.	RECTOR	S IN 12
12.		ND DIRECTORS	1 1 10'LE			hange	■ Addition
TITLE	d Yen, Kung-Po	-	1.2 NAME				
NAME STREET ADDRESS	200 W FORSYTH ST SUIT	E 1730	1.3 STREET ADDRESS				
CITY-ST-ZIP	JACKSONVILLE FL 32202		1.4 CITY - ST - ZIP			hange	Addition
TITLE		☐ DEFELF	2 1 TITLE 22 NAME		_		
NAME			2.3 STREET ADDRESS				
STREET ADDRESS			24 CHTY-SI 7HP				CT Addition
CITY-ST-ZIP		DELETE	3 1 TiTLE			Change	Addition
TITLE NAME			3.2 NAME				
STREET ADDRESS			33 STREET ADDRESS				
CITY-ST-ZIP	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		3 4 CHY-ST-ZIP			Change	Addition
TITLE		DFLETE	4 1 TITLE				
NAME			4.2 NAME 4.3 STREET ADDRESS				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP		DELETE	5 1 1/1/16			Change	Addition
TITLE			5.2 NAME				
NAME CODECT ADDRESS			5 3 STREET ADDRESS				
STREET ADDRESS			5 4 CITY - ST - ZIP			Channe	Addition
CITY - ST - ZIP		☐ DELETE	6 1 VILE	7000017 -04/12/960	104202		
NAME			62 NAME	-U4/12/3b=~U	1104606	J	
STREET ADDRESS			6.3 STREET ADDRESS	***200.00			
			64 CITY - ST - ZIP	ify for the exemption stated in Section curate and that my signature shall have	119.07(3)(k), Flori	da Statut	es I further
Certify that	oy certify that the information supplied the information indicated on this at I am an officer or director of the confiber to Block 12 or Block 13 if changed	rporation or the receiver or trusto or on an attachment with an add	se empowered to execule	this report as required by chapter our	, Horida atarata		r made under at my name

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR