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

٠,

1996

P95000042914 (8)

DOCUMENT # 1. Corporation Name

BIG EASY CAJUN - DAYTON, INC.

Principa!	Place	of	Busines	S			

Mailing Address



200 WEST FROSYTH STREET. SUITE 1730 JACKSONVILLE FL 32202		200 WEST FROSYTH STREET. SUITE 1730 JACKSONVILLE FL 32202						
					3. Date incorporated or Qualified 06/02/1995	3a. Date	of Last	Report
2. Principal Pla	ce of Business	2a. Mailing Address			4. FEI Number			Applied For
21 2700 1	Mamisburg/Centrulle Rd	26 74/1 Fullerte	n Str	001	59-33/7304			Not Applicable
Suite, Apt. #	r, etc.	Suite, Apt. #, etc. 27 Suite 20			5. Certificate of Status Desired			75 Additional e Required
City & State		City & State 28 JACKSONU		FL	6. Election Campaign Financing Trust Fund Contribution			00 May Be ded to Fees
Zip 24 4524	Country 25	Zp 29 322570	Country 30			□ No		s 199.032,
	9. Name and Address of Current	Registered Agent			10. Name and Address of New F	Registered A	gent	
			81	Name				
DRAU	GHON, RICHARD S		82	Street A	address (P.O. Box Number is Not Acceptate	ole)		
\$00 W	est frosyth street, suite	1730						
JACKS	SONVILLE FL 32202		83					
			84	City			85	Zıp Code
						FL	11.	
or registere	o the provisions of Sections 607.0502 ed agent, or both, in the State of Florid h, and accept the obligations of, Section	 Such change was authorized 	, the above-r Lby the corp	nameb coi pration's t	rporation submits this statement for the pu coard of directors. Thereby accept the app	rpose of cha jointment as	ngirig it register	s registered office ed agent. I am
SMINATURE .	Stgristiare, typed or printed name of respectoral agent i	era tite at application — — — — — — — — — — — — — — — — — — —	Buginstead Ages	t signature re	apined when revelopman	DATE		
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFF			
TITLE	D	☐ DELETE	1 11116] Chang	e 🔲 Addition
NAME	YEN, KUNG-PO		1.2 NAME					
STREET ADDRESS	200 WEST FROSYTH STRE	et, suite 1730	1.3 STREET	ADORESS				
City-ST-ZIP	JACKSONVILLE FL 32202		1.4 CITY - S	I - ZIP				
TITLE		DEFELE	2 1 TITLE			[] Chang	e Addition
NAME			2.2 NAME	ļ				
STREET ADDRESS			2.3 STREET	ADDRESS				
CITY - ST - ZIP			2.4 CITY S	1 ZIF			7.0	. (1)
THE		DETEIT	3 1 TITLE	1	· \$1.5	L] Chang	e 🗌 Addition
NAME			3.2 NAME					
STREET ADDRESS			33 STHEE	1				
CITY - ST - ZIP		TT DELETE	3.4 City - S	T - ZiP			7 Chanc	e
TITLE		L. DELETE	4 1 TITLE			t.		
NAME			4 2 NAME					
STREET ADORESS			4 3 STHEET	i i				
City - S1 - ZiP		□ DELETE	4.4 CITY - 9 5. 1 TiT, E	il -ZIP			7 Chang	je 🔲 Addition
TITLE						L	ا میشار	io [] reduction
NAME			5.2 NAME	4D08503				
STREET ADDRESS			53 STREET					
CiTY-ST-ZiP		☐ OFLETE	5.4 CITY - S 6 1 TITLE		2000017	722	T Circle	e
TITLE		C Otter	6.2 NAME	.	3000017 -04/12/9601	กั42กำ	[8]	i- Ci ilianon
NAME				ADDOLES	***200.00		- ~	
STREET ADDRESS			63 STREET					
CITY-ST-ZIP			6.4 C:TY-5	1 - ZIF				

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I further certify that the information indicated on this armual 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNAL THAT TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/96 (904) 363-0366