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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## **DOCUMENT #** P95000056267 (4) BIG EASY CAJUN - WHITE PLAINS, INC. Principal Place of Business Mailing Address 100 MAIN STREET 7411 FULLERTON STREET SPACE 249 SUITE 204 DO NOT WRITE IN THIS SPACE WHITE PLAINS NY 10601 JACKSONVILLE FL 32256 3. Date Incorporated or Qualified 07/20/1995 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For 59-3325547 21 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Added to Fees Trust Fund Contribution 28 Zip Country ZiD Country This corporation owes or has paid the current year Intangible Yes 25 29 30 Personal Property Tax due June 30. 24 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 DRAUGHON, RICHARD S 200 W FORSYTH ST Street Address (P.O. Box Number is Not Acceptable) **SUITE 1730** 83 JACKSONVILLE FL 32202 City 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 registored 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, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition TITLE 1.1 TITLE NAME YEN, KUNG-PO 12 NAME CR2E034 200 W FORSYTH ST SUITE 1730 STREET ADDRESS 1.3 STREET ADDRESS Jacksonville FL 32202 CITY - ST - ZIP 1.4 CITY - ST - ZIP DELETE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TETLE 3 1 7(1) 5 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change ☐ Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS

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 suppliemental arctical 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 orropowed 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.

4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 City - St - ZiP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

DELETE

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TOTE F

NAME

NAME

le198 904-363-0366

Change

Change

Addition

Addition

**FILED** 

Feb 17 1998 8:00am

Secretary of State