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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000056267

1. Corporation Name

DIG LAG	y Cajun - White Plains,	INC.						
Principal Place	of Rusiness	Mailing Address				[(#3]9##) \$10 \$101 9 4 #3 111		
100 MAIN STRE		7411 FULLERTON STRE	FT		Ì			
SPACE 249 SUITE 204								
WHITE PLAINS NY 10601 JACKSONVILLE FL 32256					ļ	DO NOT WRITE	IN THIS SPACE	
US						3. Date Incorporated or Qualifed		. (
						07/20/1995		A a set the set
2. Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number	<u> </u>	Applied For
21		26				59-3325547	60.7	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		5 Additional Required
22		- City & State	· · · · · · · · · · · · · · · · · · ·					00 мау ве
City & State	e	<u> </u>				6. Election Campaign Financing Trust Fund Contribution		ed to Fees
23 Zin	Country	Zip -	Cor	intry		This corporation owes the current		
Zip	25	29	30	,		Personal Property Tax.	V Yes	□No
24	9. Name and Address of Current		30	$\overline{}$		10. Name and Address of New Reg	gistered Agent	
	5. Halicono Accioso di Samono			81 Name				
DRAUGHON, RICHARD S				82 Street Address (P.O. Box Number is Not Acceptable)				
200 W FORSYTH ST				82 Street	Addres	s (P.O. Box Number is Not Acceptable	u)	
SUITE 1730				83				
JACI	KSONVILLE FL 32202							2-0-4-
				84 City			FL 85 2	lip Code
11 Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Sta	atutes, the a	bove-named	corpor	ation submits this statement for the pu	irpose of changing	its registered
office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State o m familiar with, and accept the obligati	it Florida. Such change wa	is authorized	n nv tne corb	oration	s board of directors. I hereby accept t	he appointment as	s registered
SIGNATURE		700	OTT. 0	d Agent signature	name was diversed by	then correlation)	DATE	
12.	Signature, typed or printed name of registered agent OFFICERS AND		13.	Agent signature	required v	ADDITIONS/CHANGES TO OFFIC		TORS IN 12
TITLE	DPVP	DELETE		TI 5		7.0001107011070		
NAME	YEN, KUNG-PO				LΥς	esident -	N ∑ Chan	ge 🗌 Addition
STREET ADDRESS	ILM, NONO I O	_ 0000,0			1 4	EN- KUMA-PO	-	ge
3 IKEE I AUUKESSI	7411 FULL FRED N ST #204	_ occurs	1.2 N	AME	1	en- Kung-ton 8411 Fulletton 84	#204	ge
	7411 FULLERTON ST. #204	_ Jees, p	1.2 N	AME TREET ADDRESS	1	en- Kung-ton 8411 Fulletton 84	-	ge Addition
CITY-ST-ZIP	7411 FULLERTON ST. #204 JACKSONVILLE FL 32256		1.2 N 1.3 S 1.4 C	AME TREET ADDRESS ITY-ST-ZIP	7	EN- Kuria-Po HII Fulletton St acksonville Fl.	7 # 204 32256	
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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

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR