Mar 02, 1999 8:00 am Secretary of State

03-02-1999 90135 014 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P95000067079

1. Corporation Name

ODI ANDO INC DIO PACY CA ILINI

DIG EAS	T CAJUN TONLANDO, INC	•					
Principal Place	e of Business	Mailing Address		·	T SMMISMME SIM INIME MILEE MRITE WHILE MARKET MARKE	11 3 0 11\$1 18011 90111 14	8618 1611 1684
3201 E. COLONIAL DRIVE 7411 FULLERTON STREET							
SUITE F7 SUITE 204					DO NOT WIRITE IN TH	UC CDACE	
ORLANDO FL 32803 JACKSONVILLE FL 32256					DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified		
		US			08/30/1995		
	lease of Oscillator	2a. Mailing Address			4. FEI Number	Anr	olied For
 1 '	lace of Business	-			59-3335869		Applicable
26 Suite, Apt. #, etc. Suite, Apt. #, etc.						\$8.75 A	
					5. Certifcate of Status Desired	Fee Red	
22 27			······································		6. Election Campaign Financing	\$5.00	Mav Be
23	-	28		Trust Fund Contribution	Added to		
Zíp	Country	Zip	Country	ı	8. This corporation owes the current year	Intandible	_
24	25	29	30		Personal Property Tax.		□No
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New Registere	d Agent	
			81	Name			
	UGHON, RICHARD S		82	Street Add	dress (P.O. Box Number is Not Acceptable)		
200 W. FORSYTH ST., STE. 1730							
JACI	ksonville FL 32202		83				
			84	City		85 Zip C	ode
						<u>L</u>	
office or r	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was aut	thorized by	the corporat	rporation submits this statement for the purpose tion's board of directors. I hereby accept the app	ointment as reg	gistered
SIGNATURE	Classic Annual Annual of Annual Annual Annual	at and title if applicable (NOTE I	Registered Age	nt signature requi	ired when reinstating) DATE	<u> </u>	
12.	Signature, typed or printed name of registered agent and title if applicable. (NOTE OFFICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	☐ DELETE	1.1 TITLE			Change	Addition
NAME	YEN, KUNG-PO		1.2 NAME				
STREET ADDRESS	7411 FULLERTON ST, #204		1.3 STREE	TADORESS			
CITY-ST-ZIP	JACKSONVILLE FL		1.4 CITY-S		3 3 350		
TITLE	DVST	☐ DELETE	2.1 TITLE		7	Change	Addition
NAME	YEN, KUNG T.		2.2 NAME				`
STREET ADDRESS	7411 FULLERTON ST., #204		2.3 STREE	T ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL		2. 4 CITY-5	ST-ZIP	322576		
TITLE		☐ DELETE	3.1 TITLE			Change	☐ Addition
NAME			3.2 NAME		•		
STREET ADDRESS			3.3 STREE	1 ADDRESS			
CITY-ST-ZIP			3.4. CITY-5	ST-ZIP			
TITLE		☐ DELETE 4				☐ Change	☐ Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREE	TADDRESS			
CITY-ST-ZIP			4.4 C(TY-S	iT-ZIP			
TITLE			5.1 TITLE			☐ Change	Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREE	T ADDRESS			
CITY-ST-ZIP			5.4 CITY-S	T-ZIP			
TITLE		[] DELETE	6.1 TITLE			☐ Change	Addition
1			6.2 NAME	1			

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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SYNING OFFICER OR DIRECTOR