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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000077121

1. Corporation Name

BIG EASY CAJUN - SOUTHRIDGE, INC.

		_					
Principal Place	of Business	Mailing Address			* 10011005 (10 10(a) 01(t) 01(t) 01(t) 10(t)) +==(r ===; (=:=	1,001 1001 1001
5300 SOUTH 76TH STREET 7411 FULLERTON STREET							
#750 SUITE 204					DO NOT WRITE IN THI	C CDACE	
GREENDALE WI 53129 JACKSONVILLE FL 32256					3. Date Incorporated or Qualifed	JOFACE	
US		US			10/09/1995		
Principal Place of Business 2a. Mailing Address					4. FEI Number		plied For
21		26			59-3338095		ot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75		
22		27			Fee Re		
- City & State		City & State		8. Election Campaign Financing	•	May Be	
23		28			Trust Fund Contribution	Added t	o Fees
Zip	Country	Zip	Country		8. This corporation owes the current year in	ntangible Ves	□No
24	25		30		Personal Property Tax. 10. Name and Address of New Registered		
	9. Name and Address of Current	t Registered Agent	81	Name	10. Name and Address of New Registered	Agent	_
ואםת	IGHON DICHADD S		"	Name			
DRAUGHON, RICHARD S 200 WEST FORSYTH STREET, SUITE 1730				Street Add	dress (P.O. Box Number is Not Acceptable)		_
	•	1730					
JACI	(SONVILLE FL 32202		83				
			84	City		85 Zip (Code
				,	<u>F</u> I		
11. Pursuant	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statutes	s, the above	e-named cor	rporation submits this statement for the purpose c tion's board of directors. I hereby accept the appo	if changing its pintment as re	registered
agent. I ai	n familiar with, and accept the obligat	ions of, Section 607.0505, Florid	da Statutes		monto board of directions		j
SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicable. (NOTE. 8	Registered Ager	nt signature requi	ired when reinstating) DATE		<u> </u>
12.	OFFICERS AN	D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	R\$ IN 12
TITLE	DP	☐ DELETE	1.1 TITLE			Change	Addition
NAME	YEN, KUNG-PO		1.2 NAME	ĺ			•
STREET ADDRESS	10300 SOUTHSIDE BLVD., #30	5	1.3 STREE	ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL		14 CITY-S	T-ZIP _	3225	6	
TITLE			2.1 TITLE			☐ Change	Addition
NAME			22 NAME				
STREET ADDRESS	10300 SOUTHSIDE BLVD., #30	5	2.3 STREE	FADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL		2. 4 CITY-5	ST-ZIP	3226	ما ز	
TITLE		☐ DELETÉ	3.1 TITLE			☐ Change	☐ Addition
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREE	TADDRESS			Ì
CITY-ST-ZIP			3.4. CITY-5				
TITLE		☐ OELETE	4.1 TITLE			☐ Change	Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREE	LADDRESS			ļ
CITY-ST-ZIP			4.4 CITY-S				
TITLE		☐ DELETE	5.1 TITLE	-	· · · · · · · · · · · · · · · · · · ·	☐ Change	☐ Addition
NAME			5.2 NAME				
STREET ADDRESS				TADDRESS			}
}			54 CITY-S				
CITY-ST-ZIP TITLE		☐ DELETE	6.1 TITLE			☐ Change	Addition
NAME			6.2 NAME			•	
STREET ANDRESS			6.3 STREE	TADDRESS			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.

6.4 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR