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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P95000077125 (9)

BIG EASY CAJUN - NORTHRIDGE, INC.

FILED Feb 27 1997 8:00am Secretary of State



7700 W BROW SUITE 1530 MILWAUKEE V US	M 53223 hace of Business	7411 FU SUITE 2 JACKSC US 2a. Mail	Address JLLERTON STREE 204 )NVILLE FL 32250 ing Address e, Apt. #, etc.				<ul> <li>3. Date Incorporated or Qualified 10/09/1995</li> <li>4. FEI Number 59-3339608</li> <li>5. Certificate of Status Desired</li> </ul>	<b>3a.</b> Da	le of Last I	Report
City & Stat	e	}¬	& State			,	6. Election Campaign Financing			May Be
<b>23</b>   Zip	Country	28 Zip		Cour	ntrv		Trust Fund Contribution  8. This corporation has liability for it	oto en iblo		10 Fees
24	25	29		30	,		Florida Statutes	Yes	No	S. 199.002,
	9. Name and Address of Cu		Agent				10. Name and Address of New Re-	gistered A	gent	
JAC	registered agont, or both, in the S	.0502 and 607.15 State of Florida, St	uch change was	utes, the ab	ίbν	City	dress (P.O. Box Number is Not Acceptable of the particular submits this statement for the pation's board of directors. I hereby acceptable of the pation's board of directors.	FL urpose of	changing	Code its registered s registered
SIGNATURE	in familiar with, and accept the c	ea agent and title if a, pf	cable (NC	OTE: Registered			nuired when reinstating)  ADDITIONS/CHANGES TO OFFIC	DATE	DIRECTO	
<b>12.</b> TIT; f	OFFICERS [ <b>n</b>	S AND DIRECTOR	DELETE.	13.	ILE		AUDITIONS/CHANGES TO OFFIC		Change	Addition
NAME STREET ADDRESS CHY-S1-7P THLE	YEN, KUNG-PO 200 WEST FORSYTH STR JACKSONVILLE FL 32202			1.2 NA	ME REET TY-S	ADDRESS T-ZIP	MANUEL MA	<u></u>	☐ Change	Addition
NAME STREET ADDRESS CGY-SE-7P			DELETE	22 NA 23 STF 2 4 CT 3.1 TIT	REET TY-S	ADDRESS ST-ZIP	v		☐ Change	Addition
TILE NAME STREET ADDRESS CITY-ST_ZIT			L., otter	3.2 NA	ME Reet	ADDRESS ST-ZIP			L Grange	Addition
MILE NAME STREET ADORESS ONLY ST. ZIP			DELETE	4.1 T(1 4. 2 NA 4.3 STF 4.4 C(1	ame Reet	ADDRESS .			Change	Additio
TOTEE NAME STREET ADDRESS		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	☐ DELETE	5 1 TIT 5.2 NA	l E				☐ Change	☐ Additio
Q/TY - \$1 - ZIP				5.3 ST/ 5.4 CIT						

b. I do hereby certify that the informal on supplied with this filing does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplierizental 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.

SIGNATURE:

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0/97 904/363-03660 Odde Dayline Profic #