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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P96000004266**1. Corporation Name

BIG EASY CAJUN - LAS VEGAS, INC.

Principal Place	e of Business	Mailing Address			
,		7411 FULLERTON ST.			
SUITE 102		SUITE 204		DO NOT WRITE IN THIS SPACE	
		JACKSONVILLE FL 32256 US		DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualifed	
03		00		01/12/1996	
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number Applied I	or
21		26		59-3359257 Not Appl	icable
		Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Addition	
27			5. Certificate of Status Desired Fee Required	<u>'</u>	
City & StateCity & State		⊢ ' ' ' '			
23		28	Carreta	Trust Fund Contribution Added to Fee	5
Zip	Country	Zip	Country	8. This corporation owes the current year Intanglible Personal Property Tax. ☑ Yes □ No.	.
24	25	11	30	10. Name and Address of New Registered Agent	
9. Name and Address of Current Registered Agent				10. Harrie and Address of their Neglect of Tigens	
DRAUGHON, RICHARD S					
200 WEST FORSYTH STREET			82 Street Add	Iress (P.O. Box Number is Not Acceptable)	
SUITE 1730			83		
JACKSONVILLE FL 32202					
			84 City	FL 85 Zip Code	1
11 Purcuant	to the provisions of Sections 607.0	502 and 607 1508. Florida Statutes	the above-named con	ti the state of the state of the same of the project its special	ered
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florada Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.					
agent. La	m familiar with, and accept the obli	gations of, Section 607.0505, Fiori	oa Statutes.		J
SIGNATURE	Signature, typed or printed name of registered a	gent and title if applicable. (NOTE: F	Registered Agent signature require	ed when reinstating) DATE	-
12.		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	#0011	
STREET ADDRESS	7411 FULLERTON STREET,	#@04	1.3 STREET ADDRESS	#204	,
CITY-ST-ZIP	JACKSONVILLE FL		1.4 CITY-ST-ZIP	3225	ط
TITLE	DVST	☐ DELETE	2.1 TITLE	☐ Change	Addition
NAME	yen, kung-ti		2.2 NAME		
STREET ADDRESS	7411 FULLERTON STREET,	#204	2.3 STREET ADDRESS	00051	
CITY-ST-ZIP	JACKSONVILLE FL		2.4 CITY-ST-ZIP	32256	
TITLE		☐ DELETE	3.1 TITLE	Change 📑	Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		.
CITY-ST-ZIP			3.4. CITY-ST-ZIP		A al all 65
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐	Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4 4 CITY-ST-ZIP		Addition
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐	Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS	•	
CITY-ST-ZIP		□ BELETE	5.4 CITY-ST-ZIP 6.1 TITLE	☐ Channa ☐	Addition
TITLE		☐ DELETE		Change	radii(Of)
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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.

SIGNATURE:

NTED NAME OF SIGNING OFFICER OR DIRECTOR