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 # P96000004471

1. Corporation Name

BIG FASY CAJUN - PENNSYLVANIA, INC.

574 2.75								
Principal Place	e of Business	Mailing Address	illing Address			1 18811801 (48 18110 81114 88111 80111 80111);; 1000 ; ;; 0 1
1625 CHESTNU	T ST.	7411 FULLERTON STREET						
SPACE F98F10 SUITE 204								
PHILADELPHIA PA 19103 JACKSONVILLE FL 32256						DO NOT WRITE IN TH	S SPACE	————
US		US				3. Date incorporated or Qualifed 01/16/1996		
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number	- 17	Applied For
21		26				59-3359265		Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired	\$8.75	5 Additional
22		27				5. Certificate of Status Desired	Fee	Required
City & State	e	City & State				-6Election Campaign Financing	\$5.0	0-May Be* 🗢
23		28	28			Trust Fund Contribution	Adde	d to Fees
Zip	Country Zip Cou			/		8. This corporation owes the current year I		
24	25	29 3	<u>ol</u>			Personal Property Tax.	[_\Ves	□No □
	9. Name and Address of Current	Registered Agent		T		10. Name and Address of New Registere	d Agent	
ואמות	UGHON, RICHARD S		81	Nan	1 e			
200 W FORSYTH ST, SUITE 1730			82	82 Street Address (P.O. Box Number is Not Acceptable)				
	SONVILLE FL 32202		83					
				0.4			(or 7)	p Code
			84	1		F)
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.								
SIGNATURE								
	Signature, typed or printed name of registered agent			nt signatu	re required	when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS /	AND DIDEC.	TOPS IN 12
12.	OFFICERS AND	DELETE	13. 1.1 TITLE		-1	ADDITIONS/CHANGES TO OFFICERS	Change	
TITLE	<u>-</u> ,							
NAME	121, 11011010		1.2 NAME			#204		
STREET ADDRESS				1.3 STREET ADDRESS		32726		
CITY-ST-ZIP			1.4 CITY-S	ST-ZIP	-	<u> ১ র র ১ কি</u>	☐ Chang	e Addition
TITLE	DSVT	☐ DEFEIE	2.1 TITLE					Z WAGONION
NAME			2.2 NAME					
STREET ADDRESS			2.3 STREE		SS	V VVC	.1	
CITY-ST-ZIP			2. 4 CITY-	ST-ZIP		3738	<u>Chang</u>	e Addition
TITLE			3.1 TITLE				□ cuang	
NAME	1		3.2 NAME					
STREET ADDRESS			3.3 STREE		SS			
CiTY-ST-ZIP			3.4. CITY-1	ST-ZIP			Chana	e Addition
TITLE		☐ DELETE	4.1 TITLE				Chang	
NAME			4. 2 NAME					
STREET ADDRESS		•	4.3 STREE		SS			
CITY-ST-ZIP			4.4 CITY-5	ST-ZIP			[-7.0ba	no
TITLE		☐ DELETE	5.1 TITLE				Chang	ge ☐ Addition]
NAME			5.2 NAME					Ì
STREET ADDRESS			5.3 STREE		SS			
CITY-ST-ZIP			5.4 CITY-S	ST-ZIP				- ["] *
TITLE		☐ DELETE	6.1 TITLE				☐ Chang	ge 🗀 Addition
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREE	TADDRE	SS			

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.

6.4 CITY-ST-ZIP

SIGNATURE:

904-363-0366