

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

FILED

May 08 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000079882 (2)

1. Corporation Name
CAJUN CAFE VOLUSIA, INC.

Principal Place of Business 1221 E ROBINSON ST ORLANDO FL 32801	Mailing Address 1221 E ROBINSON ST ORLANDO FL 32801-2115
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/25/1996		3a. Date of Last Report	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-3402141		Applied For <input type="checkbox"/> Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
FONG, MARGARET 1221 E ROBINSON ST ORLANDO FL 32801				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				85 Zip Code			

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	NAME	<input type="checkbox"/> DELETE	1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D/P		1.2 NAME		
STREET ADDRESS	LIU, CHENG M		1.3 STREET ADDRESS		
CITY - ST - ZIP	8009 LANDGROVE CT		1.4 CITY - ST - ZIP		
CITY - ST - ZIP	ORLANDO FL 32819		2.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	D/V		2.2 NAME	D/V	
NAME			2.3 STREET ADDRESS	MA, RICH	
STREET ADDRESS			2.4 CITY - ST - ZIP	1221 E. ROBINSON ST	
CITY - ST - ZIP			3.1 TITLE	ORLANDO, FL 32801	
CITY - ST - ZIP			3.2 NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE			3.3 STREET ADDRESS		
NAME			3.4 CITY - ST - ZIP		
STREET ADDRESS			4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY - ST - ZIP			4.2 NAME		
CITY - ST - ZIP			4.3 STREET ADDRESS		
TITLE			4.4 CITY - ST - ZIP		
NAME			5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			5.2 NAME		
CITY - ST - ZIP			5.3 STREET ADDRESS		
CITY - ST - ZIP			5.4 CITY - ST - ZIP		
TITLE			6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY - ST - ZIP			6.4 CITY - ST - ZIP		

14. I do 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.

SIGNATURE: [Signature] DATE: 4-25-97 DAYTIME PHONE #: (904) 339-0045

CR2E034 (9/96)