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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1998

DOCUMENT # P96000079882 (2) 1. Corporation Name CAJUN CAFE VOLUSIA, INC. Principal Place of Business Mailing Address				
· ·		1221 E ROBINSON ST		
ORLANDO FL 32801		ORLANDO FL 32801		
				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified
				09/25/1996
2. Principal Place of Business 2a. Mailing Address			4. FEI Number Applied For	
26			59-3402141 Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional	
City & State		City & State		Fee Hequired
23 City & State	3	28		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible
24	25	29	30	Personal Property Tax due June 30. Yes No
	g, Name and Address of Cur			10. Name and Address of New Registered Agent
11. Pursuant to office or reagent. Las	to the provisions of Sections 607.0 egistered agent, or both, in the St m familiar with, and accept the ob	0502 and 607.1508. Florida Stat ate of Florida. Such change wa oligations of, Section 607.0505, I	83 84 Ci utes, the above-na s authorized by the Florida Statutes.	med corporation submits this statement for the purpose of changing its registered a corporation's board of directors. I hereby accept the appointment as registered
-	Signature Typed or profed name of registered			nature required when reinstating) DATE
TITLE	OFFICERS :	AND DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition
NAME	LIU, CHENG M		12 NAME	□ orange □ Adminor
STREET ADORESS	8009 LANDGROVE CT		1.3 STREET ADDR	RESS
CITY - ST - ZIP	ORLANDO FL		1.4 CITY - ST - ZIP	t -
TITLE	DV	DELETE	2.1 TITLE	Change Addition
NAME	MA, RICH		2.2 NAME	
STREET ADDRESS	1221 E ROBINSON ST		2.3 STREET ADDR	RESS
CITY-ST-ZIP	ORLANDO FL		2.4 CITY-ST-ZII	
TITLE		DELETE	3.1 TITLE	Change Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDR	
CITY-ST-ZIP		□ DELETE	3.4. CITY - ST - ZIF	
TITLE		☐ htreif	41 TITLE	Change L_ Addition
NAME CYPETT ADODECC			4 2 NAME 4.3 STREET ADDR	nece
STREET ADORESS CITY-ST-ZIP				
TITLE		DELETE	4.4 CITY - ST - ZIP 5.1 TITLE	Change Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDR	RESS
CITY-ST-ZIP			5 4 CITY - ST - ZIP	
TITLE		☐ DELETE	6.1 TITLE	Change Addition
NAME			6.2 NAME	
STREET ADDRESS			6 3 STREET ADDR	RESS
CITY - ST - ZIP			6.4 CITY - ST - ZIP	,

14. Thereby 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:

4-13-98

(904)239-0045

FILED

Apr 20 1998 8:00am

Secretary of State