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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000037887

BIG KITO	CHEN, INC.											
Principal Place of Business Mailing Address								1 10011001 110 70111 10011 00111 00111 00111		****	11 18181 1	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
3900 CLARK ROAD BUILDING M SARASOTA FL 34231 3900 CLARK ROAD BUILDING M SARASOTA FL 34231							DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 04/29/1997					
Principal Place of Business 2a. Mailing Address								FEI Number		Applied For		
<u> </u>			7			1	65-0753770		F	+ **	Applicable	
Suite, Apt.	# etc	26	Suite, Apt. #, etc.			-				\$8.		dditional
22	m, 505.	27	F-1 ' '				5.	Certificate of Status Desired			ee Red	
City & Stat	e		City & State				6.	Election Campaign Financing Trust Fund Contribution			i.00 i	May Be
Zip	Country Zip			Country			+-	This corporation owes the current ye	ar Inta			
⊢ '	25 29 3			¬ '			0.	Personal Property Tax.		Ye:		□No
24 25 29 9. Name and Address of Ourrent Registered Agent				<u></u>			10.	Name and Address of New Regis	tered A	gent		
		<u> </u>		8	1	Name						
AMERILAWYER CHARTERED 343 ALMERIA AVENUE				8:	82 Street Address (P.O. Box Number is Not Acceptable)							
1	IAL GABLES FL 33134			8:	3							_
				8-	4	City			FL	85	Zip C	ode
office or r	to the provisions of Sections 607.0 egistered agent, or both, in the Sta m familiar with, and accept the obl	ite of Florida.	. Such change was aut	horized b	v tr	named corpo ne corporatio	oratio n's b	n submits this statement for the purposard of directors. I hereby accept the	ose of c	hangi Iment	ng its i	registered jistered
SIGNATURE	Of some send	annt and title if a	policable /NOTE F	Pagistared An	ant s	signature required	i when	reinstation\ D.	ATE			
Signature, typed or printed name of registered agent and title if applicable. (NOTE. Ri 12. OFFICERS AND DIRECTORS					13.			ADDITIONS/CHANGES TO OFFICE	RS ANI	DIR	ECTO	RS IN 12
TITLE	PTD		☐ DELETE	1.1 TITLE						Ch		Addition
NAME	GIPS, JERRY M			1.2 NAME								
STREET ADDRESS			1.3 STRE	1.3 STREET ADDRESS								
CITY-ST-ZIP	11			1.4 CITY-ST-ZIP								
TITLE	SVD				2.1 TITLE					☐ Ch	ange	Addition
NAME	GIPS, SANDRA R	ANDRA R		22 NAME	22NAME							
STREET ADDRESS	ACCO OLABIA DOAD			•	2.3 STREET ADDRESS							
CITY-ST-ZIP	CADACOTA EL 04004			2. 4 CITY-ST-ZIP								
TITLE	DELETE			3.1 TITLE						Ch	ange	Addition
NAME				3.2 NAME	•							
1 vanie			•	3.3 STREET ADDRESS								
CITY-ST-ZIP				3.4. CITY-		1						
777 F			□ DELETE	4.1 TITLE						☐ Ch	nange	Addition

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 ampowered 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 or an attachment with an address, with all other like empowered.

4.1 TITLE

4. 2 NAME

5.1 TITLE 5.2 NAME

6.1 TITLE

6.2 NAME

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CiTY-ST-ZiP

ING OFFICER OR DIRECTOR

□ DELETE

☐ DELETE

☐ DELETE

4-21-99

941-925-3675

Change

Change

Addition

Addition

CR2E034 (11/98)