

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Montvorn
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S84636** (7)

1. Corporate Name

TODAY'S TRAVEL, INC.

Principal Place of Business

**4421 BAYOU BLVD
PENSACOLA FL 32503
US**

Mailing Address

**4421 BAYOU BLVD
PENSACOLA FL 32503
US**

APPROVED
AND
FILED

APR 22 11:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/03/1991

3a. Date of Last Report
05/01/1994

4. FEI Number
59-3085853

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

8. This Corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**STUART DW MOORE
4421 BAYON BOULEVARD
PENSACOLA FL 32503**

10. Name and Address of New Registered Agent

81 Name

82 Street Address

Remember: Not Acceptable

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.01(2)(g) 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 understand the adoption of Sections 607.01(2)(g), Florida Statutes.

SIGNATURE

Signature of Registered Agent or New Registered Agent (If Applicable)

Signature of Registered Agent or New Registered Agent (If Applicable)

12

12. OFFICERS AND DIRECTORS

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS (If Any)

1. NAME	D MOORE, STUART
2. STREET ADDRESS	4421 BAYON BLVD
3. CITY	PENSACOLA FL
4. NAME	S MOORE, SHERYL
5. STREET ADDRESS	4421 BAYON BLVD
6. CITY	PENSACOLA FL
7. NAME	
8. STREET ADDRESS	
9. CITY	
10. NAME	
11. STREET ADDRESS	
12. CITY	
13. NAME	
14. STREET ADDRESS	
15. CITY	

1. NAME		☐ Change ☐ Addition
2. STREET ADDRESS		
3. CITY		
4. NAME		☐ Change ☐ Addition
5. STREET ADDRESS		
6. CITY		
7. NAME		☐ Change ☐ Addition
8. STREET ADDRESS		
9. CITY		
10. NAME		☐ Change ☐ Addition
11. STREET ADDRESS		
12. CITY		
13. NAME		☐ Change ☐ Addition
14. STREET ADDRESS		
15. CITY		

CHANGE TO:
4421 BAYON BLVD

14. I hereby certify that the information supplied with this filing is voluntarily furnished and true, and equally for the corporation stated in Sections 199.03(2)(g), Florida Statutes. I further certify that the information included 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 person or persons empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block C or Block D of the report as an attachment with my address.

SIGNATURE:

SIGNATURE OF TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/95 (902) 477-6250

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CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
TAMPA, FLORIDA
33604-0001

APPROVED
AND
FILED

JUN 22 1995 15

NEWELL STATE
FLORIDA

DOCUMENT # S84981

(7)

CAMPBELL & MURRAY, P.A.

Principal Office Location: 3953 S US 1 STE C FT. PIERCE FL 34982
Mailing Address: 3953 S US 1 STE C FT. PIERCE FL 34982

Date of Filing in this Space

3. Filing Date: 10/04/1991
3a. Date of Last Report: 06/15/1994

2. Principal Office Location: 21. 406 N. SECOND ST. 2a. Mailing Address: 26. 406 N. SECOND ST.

4. Filing Number: 65-0282684
Applied For: Not Applicable

22. State: April 1995 27. State: April 1995

5. Certificate of Status: () \$8.75 Additional Fee Required

23. City & State: Ft. Pierce FL 28. City & State: Ft. Pierce FL

6. Election Campaign Financing: () \$5.00 May Be Added to Fees

24. 34950 25. St. Lucie 29. 34950 30. St. Lucie

8. This corporation has liability for shareholders for under 5: () Florida Statutes: Yes (X) No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MURRAY, SEAN M.
3953 SOUTH U.S. HIGHWAY, #1
FT. PIERCE FL 34982

81. Name: [Signature]
82. Street Address (P.O. Box Number is Not Acceptable): 406 N. SECOND ST.
83. [Blank]
84. City: Ft. Pierce FL 85. Zip Code: 34950

11. Pursuant to the provisions of Chapter 607, Florida Statutes, the above named corporation submits the statement for the purpose of changing its registered office of principal office, as authorized by the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am

SIGNATURE: [Signature] SEAN M. MURRAY 5/18/95

12. OFFICERS AND DIRECTORS: 13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12:

1. NAME: CAMPBELL, THOMAS L. 2. STREET ADDRESS: 3953S. U.S. HIGHWAY, 1 3. CITY & STATE: FT. PIERCE FL	4. NAME: [Blank] 5. STREET ADDRESS: [Blank] 6. CITY & STATE: [Blank]	Change: () Add: ()
1. NAME: MURRAY, SEAN M. 2. STREET ADDRESS: 3953 S. U.S. HIGHWAY, 1 3. CITY & STATE: FT. PIERCE FL	4. NAME: [Blank] 5. STREET ADDRESS: [Blank] 6. CITY & STATE: [Blank]	Change: () Add: ()
1. NAME: [Blank] 2. STREET ADDRESS: [Blank] 3. CITY & STATE: [Blank]	4. NAME: [Blank] 5. STREET ADDRESS: [Blank] 6. CITY & STATE: [Blank]	Change: () Add: ()
1. NAME: [Blank] 2. STREET ADDRESS: [Blank] 3. CITY & STATE: [Blank]	4. NAME: [Blank] 5. STREET ADDRESS: [Blank] 6. CITY & STATE: [Blank]	Change: () Add: ()
1. NAME: [Blank] 2. STREET ADDRESS: [Blank] 3. CITY & STATE: [Blank]	4. NAME: [Blank] 5. STREET ADDRESS: [Blank] 6. CITY & STATE: [Blank]	Change: () Add: ()
1. NAME: [Blank] 2. STREET ADDRESS: [Blank] 3. CITY & STATE: [Blank]	4. NAME: [Blank] 5. STREET ADDRESS: [Blank] 6. CITY & STATE: [Blank]	Change: () Add: ()
1. NAME: [Blank] 2. STREET ADDRESS: [Blank] 3. CITY & STATE: [Blank]	4. NAME: [Blank] 5. STREET ADDRESS: [Blank] 6. CITY & STATE: [Blank]	Change: () Add: ()
1. NAME: [Blank] 2. STREET ADDRESS: [Blank] 3. CITY & STATE: [Blank]	4. NAME: [Blank] 5. STREET ADDRESS: [Blank] 6. CITY & STATE: [Blank]	Change: () Add: ()

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and that, not equally for the corporation stated in law book 1993, Florida Statutes, Chapter 607, that the information is included 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 this corporation or the person or persons empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears on the list of officers, directors, or persons authorized to execute this report with an address.

SIGNATURE: [Signature] THOMAS L. CAMPBELL 5/18/95 407 467 1603
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mathart
Secretary of State
Tallahassee, Florida 32399-0001

APPROVED
AND
FILED

DOCUMENT # **S86473**

(3)

Corporate Name

CHINA JADE BUFFET, INC.

Principal Office Address
**220 N. ORLANDO AVENUE
MAITLAND FL 32751**

Mailing Address
**220 N. ORLANDO AVENUE
MAITLAND FL 32751**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **10/10/1991** 3a. Date of Last Report: **04/28/1994**

4. FFI Number: **59-3085808** Applying For: ☐ Not Applicable

5. Certificate of Status Desired: ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution: ☐ **\$5.00 May Be Added to Fees**

8. Has corporation been liable for delinquent tax under § 199.01, Florida Statutes? ☒ Yes ☐ No

2. Principal Office Telephone

2a. Mailing Address

21. State Apt. # etc.

26. State Apt. # etc.

22. City & State

27. City & State

23. City & State

28. City & State

24. City & State

29. City & State

30. City & State

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PHAN, HUE NGUYEN
220 ORANGE AVENUE
MAITLAND FL 32751**

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83. City

84. City

FL

85. Zip Code

11. Pursuant to the provisions of Sections 607.050, 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 607.050, Florida Statutes.

SIGNATURE

(Signature of Registered Agent or New Registered Agent)

(Signature of Registered Agent or New Registered Agent)

(Signature)

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS (If Any)	
12a. NAME	D PHAN, HUE NGUYEN 1739 LAKE BERRY DRIVE WINTER PARK FL 32789	13a. NAME	☐ Change ☐ Addition
12b. STREET ADDRESS	D PHAN, KHAI HUE 1739 LAKE BERRY DRIVE WINTER PARK FL 32789	13b. STREET ADDRESS	☐ Change ☐ Addition
12c. CITY & STATE		13c. CITY & STATE	☐ Change ☐ Addition
12d. NAME		13d. NAME	☐ Change ☐ Addition
12e. STREET ADDRESS		13e. STREET ADDRESS	☐ Change ☐ Addition
12f. CITY & STATE		13f. CITY & STATE	☐ Change ☐ Addition
12g. NAME		13g. NAME	☐ Change ☐ Addition
12h. STREET ADDRESS		13h. STREET ADDRESS	☐ Change ☐ Addition
12i. CITY & STATE		13i. CITY & STATE	☐ Change ☐ Addition
12j. NAME		13j. NAME	☐ Change ☐ Addition
12k. STREET ADDRESS		13k. STREET ADDRESS	☐ Change ☐ Addition
12l. CITY & STATE		13l. CITY & STATE	☐ Change ☐ Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and true, and qualify for the exemption stated in Section 199.02, Florida Statutes. I further certify that the information submitted 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 liquidator empowered to make this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of changed names as applicable with an address.

SIGNATURE:

Hue Nguyen Phan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
HUE NGUYEN PHAN