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Jan 24 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 463024

(0)

1. Corporation Name
TUNG NAM, INC.

Principal Place of Business
120 N. PARSONS AVE.
BRANDON FLORIDA 33510-4531

Mailing Address
120 N. PARSONS AVE.
BRANDON FLORIDA 33510-4531



3. Date Incorporated or Qualified 10/10/1974
3a. Date of Last Report 02/07/1996

2. Principal Place of Business 21 118-120 N. PARSONS AVE Suite, Apt. #, etc. 22 BRANDON, FL. City & State 23 FL 33511 Zip 24 Country 25 HILLSBOROUGH	2a. Mailing Address 26 118-120 N. PARSONS AVE. Suite, Apt. #, etc. 27 City & State 28 BRANDON, FLORIDA Zip 29 33511 Country 30 HILLSBOROUGH	4. FEI Number 59-1555148 Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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9. Name and Address of Current Registered Agent

FONG, YEE CHUNG
3705 KINGSFORD PL.
VALRICO FL 33594

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 DAVID FONG (PRESIDENT) DATE 1-13-97
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	VP	<input type="checkbox"/> DELETE
NAME	NG, PETER	
STREET ADDRESS	1001 LAKE COOPER DRIVE	
CITY - ST - ZIP	LUTZ FL 33549	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	FONG, YEE CHUNG	
STREET ADDRESS	3705 KINGSFORD PL.	
CITY - ST - ZIP	VALRICO FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	FONG, WINNIFRED SO WAH	
STREET ADDRESS	3705 KINGSFORD PL.	
CITY - ST - ZIP	VALRICO FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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: DAVID FONG
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-13-97 813 654-1855
Date Daytime Phone #

CR2E034 (9/96)