Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90081 035 \*\*\*150.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Kathe rine Harris

Secre:ary of State DIVISION OF CORPORATIONS

## DOCUMENT # L02165

1. Corporation Name

TRUONG QUACH, INC.

Principal Flace	e of Business	Mailing Address		I IOE(IOI) BIL DOLLO LIGIO BILOL SILL BICE	Alter Billis Alffir mimit bildir Jan:
% BANG QUAC	Н	% BANG QUACH			
10454 66 ST N		10454 66 ST N			10 0D40F
PINELLAS PARK FL 34666-2308		PINELLAS PARK FL 34663-2	308	DO NOT WRITE IN THI	IS SPACE
				3. Date Incorporated or Qualifed 07/13/1989	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-2957897	No: Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional
22		27			Fee Required
City & Stat	e	City & State		6. Electic n Campaign Financing	\$5.00 May Be
23				Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year l	ntangible X No
24	25		30	Personal Property Tax.  10. Name and Address of New Registers	
	9. Name and Address of	Curren: Registered Agent	81 Name	10. Name and Address of New Registers	u Agent /
OHA	CH, BANG		1 Traine		
	64 66 ST N		82 Street Add	ress (P.O. Bo: Number is Not Acceptable)	
	LLAS PARK FL 33565		-		
11146	LENG I ANN I E 00000		83		
			84 City	F	85 Zip Code
agent. La	m familiar with, and accept the	e obligat ons of, Section 607.0505, Flor	ida Statutes.		1
SIGNATUF:E	Signature, typed or printed name of region	stered agent and title if applicable. (NOT E:	Registered Agent signature require		AND DIRECTORS IN 12
SIGNATUFIE	OFFICI	stered agent and title if applicable. (NOT E: ERS ANL) DIRECTORS	Registered Agent signature require	ed when reinstating)  DATE  ADDITK )NS/CHANGES TO OFFICERS	AND DIRECTORS IN 12  Change Addition
SIGNATUF:E  12.  TITLE	PTD	stered agent and title if applicable. (NOT E:	Registered Agent signature require  13.  1.1 TITLE	ou amen realisating)	
SIGNATUF:E  12.  TITLE  NAME	PTD QUACH, BANG	stered agent and title if applicable. (NOT E: ERS ANL) DIRECTORS	Registered Agent signature require  13.  1.1 TITLE  12 NAME	ou amen realisating)	
SIGNATUF:E  12.  TITLE  NAME  STREET ADDRESS	OFFICE PTD QUACH, BANG 10454 66 ST N	stered agent and title if applicable. (NOT E: ERS ANL) DIRECTORS	Registered Agent signature require  13. 1.1 TITLE 12 NAME 1 3 STREET ADDRESS	ou amen realisating)	
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SIGNATUF:E  12.  TITLE  NAME  STREET ADDRESS  CITY-57-ZIP  TITLE	OFFICE PTD QUACH, BANG 10454 66 ST N PINELLAS PARK FL SD	stered agent and title if applicable. (NOT E: ERS ANL) DIRECTORS	Registered Agent signature require  13. 1.1 TITLE 12 NAME 13 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE	ou amen realisating)	☐ Change ☐ Addition
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SIGNATUF:E  12.  TITLE  NAME  STREET ADDRE SS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRE SS	OFFICE PTD QUACH, BANG 10454 66 ST N PINELLAS PARK FL SD LY, DIEP 10454 66 ST N	stered agent and title if applicable. (NOT E:  ERS AND DIRECTORS  DELETE	Registered Agent signature require  13.  1.1 TITLE 12 NAME 13 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 22 NAME 2.3 STREET ADDRESS	ou amen realisating)	☐ Change ☐ Addition
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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 eath; 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, with a lightness that I am an other like empowered.

6.3 STREET ADDRESS

64 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP