

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

**APPROVED AND FILED**

90 MAY - 1 AM 5:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT <b>1995</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Mathew Secretary of State DIVISION OF CORPORATIONS
---	---	---

**DOCUMENT # P92000012570 (7)**

1. Corporation Name  
**TRY MY CORP.**

Principal Place of Business	Mailing Address
<b>2003 HARRISON ST HOLLYWOOD FL 33020</b>	<b>2003 HARRISON ST HOLLYWOOD FL 33020</b>

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	3a. Date of Last Report
<b>21</b>	<b>26</b>	<b>65-0385248</b>	<b>07/05/1994</b>
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.	5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
<b>23</b>	<b>27</b>	6. Election Campaign Financing / Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
23. City & State	28. City & State	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No
24. Zip	29. Zip		
25. County	30. County		

**9. Name and Address of Current Registered Agent**

**ROMANK, DAVID S  
1901 HARRISON ST  
HOLLYWOOD FL 33020**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
<b>12/14/1992</b>	<b>07/05/1994</b>
4. FEI Number	Applied For
<b>65-0385248</b>	<input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input checked="" 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 type="checkbox"/> No

**10. Name and Address of New Registered Agent**

B1. Name	B5. Zip Code
B2. Street Address (P.O. Box Number is Not Acceptable)	<b>FL</b>
B3.	
B4. City	

11. Pursuant to the provisions of Sections 607.0692 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 provisions of Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	STREET ADDRESS	2. NAME	
CITY, ST, ZIP	CITY, ST, ZIP	3. STREET ADDRESS	
		4. CITY, ST, ZIP	
TITLE	NAME	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	STREET ADDRESS	6. NAME	
CITY, ST, ZIP	CITY, ST, ZIP	7. STREET ADDRESS	
		8. CITY, ST, ZIP	
TITLE	NAME	9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	STREET ADDRESS	10. NAME	
CITY, ST, ZIP	CITY, ST, ZIP	11. STREET ADDRESS	
		12. CITY, ST, ZIP	
TITLE	NAME	13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	STREET ADDRESS	14. NAME	
CITY, ST, ZIP	CITY, ST, ZIP	15. STREET ADDRESS	
		16. CITY, ST, ZIP	
TITLE	NAME	17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	STREET ADDRESS	18. NAME	
CITY, ST, ZIP	CITY, ST, ZIP	19. STREET ADDRESS	
		20. CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 130.07(3)(b), Florida Statutes. I further certify that the information is correct for this annual report or supplemental annual report as 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, the manager 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 in Attachment with an address.

SIGNATURE: *Phonethip Changkachith* (PHONETHIP CHANGKACHITH) 926-5585  
 SIGNATURE OF YOU OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR PS 5/1/95