

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

CORPORATION ANNUAL REPORT 1995	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**
95 MAR 10 AM 8:29

DOCUMENT # P93000001341 (5)

1. Corporation Name
LE BROTHERS SHELL, INC.

Principal Place of Business 6801 N DALE MABRY HWY TAMPA FL 33614	Mailing Address 6801 N DALE MABRY HWY TAMPA FL 33614
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DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 12/15/1992	3a. Date of Last Report 03/08/1994
4. FEI Number 59-3157827	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	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent

**LE, LAM N
6801 N DALE MABRY HWY
TAMPA FL 33614**

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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	NAME LE, LAM N	1.1 TITLE	☐ Change ☐ Addition
STREET ADDRESS 6801 N DALE MABRY HWY	CITY-ST-ZIP TAMPA FL 33614	1.2 NAME	
		1.3 STREET ADDRESS	
		1.4 CITY-ST-ZIP	
TITLE STD	NAME LE, LIEN K	2.1 TITLE	☐ Change ☐ Addition
STREET ADDRESS 6801 N DALE MABRY HWY	CITY-ST-ZIP TAMPA FL 33614	2.2 NAME	
		2.3 STREET ADDRESS	
		2.4 CITY-ST-ZIP	
TITLE	NAME	3.1 TITLE	☐ Change ☐ Addition
STREET ADDRESS		3.2 NAME	
CITY-ST-ZIP		3.3 STREET ADDRESS	
		3.4 CITY-ST-ZIP	
TITLE	NAME	4.1 TITLE	☐ Change ☐ Addition
STREET ADDRESS		4.2 NAME	
CITY-ST-ZIP		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
TITLE	NAME	5.1 TITLE	☐ Change ☐ Addition
STREET ADDRESS		5.2 NAME	
CITY-ST-ZIP		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
TITLE	NAME	6.1 TITLE	☐ Change ☐ Addition
STREET ADDRESS		6.2 NAME	
CITY-ST-ZIP		6.3 STREET ADDRESS	
		6.4 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 119.07(3)(b), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: LAM NGOC LE **3/7/95** (813) 879-8902

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR